

Case Number:	CM15-0035161		
Date Assigned:	03/03/2015	Date of Injury:	10/26/2011
Decision Date:	04/13/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/24/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old man sustained an industrial injury on 10/26/2011. The mechanism of injury is not detailed. Current diagnoses include right shoulder rotator cuff strain and lumbar spine herniated disc with right sided sciatica. Treatment has included oral medications and home exercise program. Physician notes dated 1/27/2015 show complaints of pain to the low back and right shoulder. Recommendations include refills of all medications and continue home exercise program. On 2/9/2015, Utilization Review evaluated prescriptions for retrospective Anaprox 550 mg #60, retrospective Flexeril 7.5 mg #90, retrospective Imitrex 100 mg #9, and Anaprox 550 mg #60, that were submitted on 2/11/2015. The UR physician noted the following, regarding Anaprox, there is no evidence of objective functional improvement. Regarding Flexeril, there is no evidence of objective functional improvement and this medication has been utilized longer than is recommended. Regarding Imitrex, there is no documentation of ongoing headache or evidence of functional improvement. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective usage of Anaprox 550mg #60 (DOS 1-27-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. The claimant had been on Anaprox since at least October 2014. Long-term NSAID use has renal and GI risks. There were no physical signs of inflammation. The continued use of Anaprox on 1/27/15 was not medically necessary.

Retrospective usage of Flexeril 7.5mg #90 (DOS 1-27-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for since at least October 2015 in combination with Anaprox. Continued and long-term use as prescribed on 1/27/15 is not medically necessary.

Retrospective usage of Imitrex 100mg #9 (DOS 1-27-15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and Head chapter triptans pg 34.

Decision rationale: Triptans such as Imitrex are recommended for migraine sufferers. In this case, the claimant was on Imitrex since at least October 2014. There was mention of use of Imitrex for migraines but was not noted in the diagnosis. The type of migraine with or without aura, cluster or generalized was not mentioned. Response with or without medication was not

described. No detailed information of migraines was provided. The Imitrex on 1/27/15 was not justified and not medically necessary.

Prospective usage of Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Anaprox for at least several months. There were no VAS pain score provided. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Anaprox is not medically necessary.