

Case Number:	CM15-0088234		
Date Assigned:	05/12/2015	Date of Injury:	01/21/1994
Decision Date:	06/12/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/07/2015

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: Pennsylvania
 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:

The injured worker is a 60-year-old female, who sustained an industrial injury on 01/21/1994. On provider visit dated 04/08/2015 the injured worker has reported lower back pain, left hip right shoulder and right knee pain. On examination, lumbar spine was noted as having tenderness, scarring, and spasms with a decreased range of motion. Tenderness was noted to the right shoulder, right knee and left hip. The diagnoses have included left hip strain/strain, status post lumbar post, and impingement syndrome - right shoulder and rotator cuff tear - right shoulder. Treatment to date has included medication and laboratory studies. The provider requested Naproxen 550mg #60 with 2 refills qty 60 and Flexeril 10mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 with 2 refills Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68 and 73.

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

Decision rationale: Non-steroidal anti-inflammatory drugs such as Ibuprofen may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However, it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with non-steroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore, there is no evidence of long-term effectiveness for pain or function with the use of non-steroidal anti-inflammatory drugs. The record indicates no benefit from the use of non-steroidal anti-inflammatory drugs with this worker or of a trial of acetaminophen. Although the short-term use of Naproxen for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use would not be appropriate, particularly with no documentation of benefit after having already been on the medication for an extended period. Therefore, this request is not medically necessary.

Flexeril 10mg #60 with 2 refills Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41-42.

Decision rationale: Muscle relaxants for pain are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increased mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs for pain and overall improvement. Anti-spasmodics such as Flexeril are used to decrease muscle spasm in conditions such as low back pain whether spasm is present or not. Flexeril is not recommended for chronic use and specifically is not recommended for longer than 2-3 weeks. The record does not indicate that this worker is experiencing an acute exacerbation of pain and the requested quantity and refills exceeds a short-term duration of 2-3 weeks. Therefore, this request is not medically necessary.