

Case Number:	CM14-0125508		
Date Assigned:	09/24/2014	Date of Injury:	01/23/2009
Decision Date:	10/29/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation & Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46-year-old female who reported an injury on 01/23/2009. The mechanism of injury occurred while moving boxes overhead. Her diagnoses included lumbar disc displacement without myelopathy and pain in the shoulder joint. The injured worker's past treatments included a lumbar support pillow, manipulation under anesthesia, surgery, medications, injections, home exercise program, acupuncture, and the use of a transcutaneous nerve stimulation unit. Her diagnostic exams include an MRI of the left shoulder and lumbar spine. The injured worker's surgical history included 2 left shoulder arthroscopies performed in 2013. On 06/12/2014, the injured worker complained of left shoulder pain and worsening back and left leg pain. She also complained of pain to her right shoulder, aggravated by internal rotation and external rotation. The physical examination revealed a positive straight leg raise and spasms with guarding noted to the lumbar spine. There was also notation of decreased sensation in the L3 left dermatome. The physical examination also revealed tenderness to her right shoulder joint and left shoulder. The injured worker's medications included capsaicin 0.05% cream, cyclobenzaprine/Flexeril 7.5 mg, naproxen 550 mg, and fexofenadine 180 mg. The treatment plan consisted of continuation of physical therapy, a repeat MRI, and the continuation of the use of cyclobenzaprine and naproxen. A request was received for naproxen 500 mg quantity 60 and cyclobenzaprine 7.5 mg. The rationale for the request was not clearly indicated. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg Qty:60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 67-69.

Decision rationale: The request for Naproxen 550mg Qty: 60.00 is not medically necessary. The California MTUS Guidelines state that anti-inflammatories such as, Naproxen, are the traditional first line of treatment, to reduce pain and increase functional restoration. However, long-term use may not be warranted. The indication for the use of non-steroidal anti-inflammatory drugs includes moderate to severe pain related to osteoarthritis. The ongoing use of this medication is contingent upon the absence of both gastrointestinal and cardiovascular risk factors and the continued objective measurable documentation of pain relief and improved function. Based on the clinical notes, the injured worker had complaints of left shoulder, back, and left leg pain. There was no indication of the intensity of this pain. Her diagnoses included lumbar disc displacement without myelopathy and shoulder joint pain. These diagnoses would not be supported for the use of NSAID's. Also, the clinical notes indicated that she was on Naproxen since approximately 12/2013, which contradicts the guidelines recommendation of short term use. The clinical notes also failed to identify the intensity of her pain and her ability to function. The guidelines state that the indication for the use of NSAID's includes moderate to severe pain. Additionally, the request failed to indicate a frequency of dose. Moreover, the clinical notes failed to document if the injured worker had any significant gastrointestinal and cardiovascular risk factors to ensure the safety of the injured worker. Therefore, due to lack of documentation indicating continued objective measurable documentation of pain relief and improved function, frequency of dose, a diagnosis of osteoarthritic etiology, and evidence of long term use, the request is not supported. Thus, the request for Naproxen 550mg Qty: 60.00 is not medically necessary.

Cyclobenzaprine 7.5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The request for Cyclobenzaprine 7.5mg is not medically necessary. The California MTUS Guidelines recommend cyclobenzaprine as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The effect is greatest in the first 4 days of treatment, suggesting that treatment should be brief. Additionally, the long term use of these medications may lead to dependency. There must be documented objective measurable evidence of pain relief and improved function to warrant its continued use. Based on the clinical notes, the injured worker complained of left shoulder, back, and left leg pain. There was no indication of the intensity of her pain. There was also lack of evidence indicating low

back pain etiology as the clinical notes do not go in to detail about her pain symptoms. The use of muscle relaxants is contingent on documentation of spasms and acute exacerbations of low back pain. The clinical notes also failed to indicate the efficacy of the medication since its use began approximately on 12/2013. The long term use of this medication is not recommend and is not supported by the guidelines. Also, the clinical notes failed to provide evidence of pain relief and improved function to warrant the continued use of cyclobenzaprine. Additionally, the request failed to specify a frequency of dose. Therefore, due to lack of evidence indicating low back pain etiology, frequency of dose, objective measurable evidence of improved function, and evidence of long term use, the request is not supported. Thus, the request for Cyclobenzaprine 7.5mg is not medically necessary.