MAXIMUS Federal Services

Case Number:	CM14-0138189		
Date Assigned:	09/05/2014	Date of Injury:	12/30/2011
Decision Date:	10/08/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/26/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain, mid back pain, myalgias, and myositis reportedly associated with an industrial injury of December 30, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; trigger point injection therapy; and muscle relaxants. In a Utilization Review Report dated August 21, 2014, the claims administrator apparently failed to approve/modify a request for naproxen or Flexeril. The applicant's attorney subsequently appealed. In a May 17, 2014 supplemental letter/appeal, the attending provider appealed earlier denials of naproxen and omeprazole, noting that the applicant had a history of reflux. The applicant was apparently using Neurontin for radiculitis/radiculopathy purposes, it was suggested. In a handwritten note date May 2, 2014, the applicant reported persistent complaints of low back pain with associated left-sided numbness. The applicant was described as using Neurontin, Prilosec, and naproxen. Trigger point injections were performed in the clinic setting. The operating diagnoses given were strain of lumbar spine and myofascial pain syndrome. The applicant's work status was not clearly stated. There was no discussion of medication efficacy incorporated into this particular progress note. In a February 7, 2014 handwritten note, again, difficult to follow, not entirely legible, the applicant reported heightened complaints of low back pain. Trigger point injections were performed. The applicant was described as using naproxen and omeprazole, both of which were refilled. The applicant's treating provider, a chronic pain physician, suggested that the applicant's work status was being managed by the applicant's primary treating provider (PTP). In a September 8, 2013 progress note, the applicant's primary treating provider suggested that the applicant was doing home exercises and gym exercises regularly. The applicant was using naproxen and Flexeril on a daily basis, it was suggested. It was suggested that the applicant was deriving appropriate analgesia

from the medications in question and was, moreover, working regular duty. Several prescriptions were endorsed, including refills of cyclobenzaprine, ibuprofen, and naproxen. The attending provider suggested that the applicant was using Flexeril on a daily basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg BID: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Anti-inflammatory Medications topic. Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain present here. It is further noted that the applicant has reported and demonstrated treatment success as evinced by the applicant's successful return to and maintenance of regular duty work status. The applicant is, furthermore, deriving appropriate analgesia from ongoing usage of naproxen, it has further been suggested. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

Flexeril 7.5mg QHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using other agents. Adding Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.