

<b>Case Number:</b>	CM14-0090700		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/18/2007
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 56-year-old female with date of injury of 07/18/2007. The listed diagnoses per [REDACTED] dated 05/08/2014 are: Left patellofemoral pain, Right carpal tunnel syndrome, Ulnar impaction syndrome on the right, Right thumb CMC joint inflammation, Left thumb mild stenosis tenosynovitis, Frozen shoulder syndrome developing on the right shoulder, and Cervical/neck pain. According to this report, the patient complains of constant 6/10 to 7/10 pain. She is using Vicodin for pain. She reports spasms in the neck and uses Flexeril for spasms. She denies numbness and tingling, but admits to weaker gripping and grasping in the right arm with difficulty opening bottle caps. The patient uses her left arm for tasks to compensate for the right shoulder pain. The objective findings show neck extension is 20 degrees, flexion 25 degrees. Right upper extremity abducts to 120 degrees, left lower extremity extends to 160 degrees and flexes to 120 degrees. No other findings were noted on this report. The Utilization Review denied the request on 05/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg, qty 60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain , Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 61, 22, 67, 68.

**Decision rationale:** This patient presents with bilateral upper extremity pain. The treating physician is requesting Naproxen 550 mg. The MTUS Guidelines pg. 22 on anti-inflammatory medications states that anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS pg. 60 also states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient has been taking Naproxen since 12/11/2013. The treater notes medication efficacy stating, "The use of these medications helps to manage her symptoms and allowing her to be more functional during the day." In this case, the treater documents functional improvement while utilizing Naproxen. Recommendation is that this request is medically necessary.

**Protonix 20mg, qty 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** This patient presents with bilateral upper extremity pain. The treater is requesting Protonix 20 mg. quantity 60. The MTUS Guidelines, pgs. 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states that it is recommended with precaution for patients at risk for gastrointestinal events; ages >65; history of peptic ulcer; GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or anticoagulant; high dose/multiple NSAIDs. The records show that the patient has been taking Protonix concurrently with Naproxen since 12/11/2013. The treating physician documents on 12/11/2013, "Prilosec 20 mg (#60) to treat stomach upset from taking medications." In this case, the treater documents gastrointestinal upset and the patient has been taking NSAID on a long term basis. Recommendation is that this request is medically necessary.

**Flexeril 7.5mg, qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); Antispasticity Drugs, Antispasmodics, Antispasticity/Antispasmodic Drugs. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 04/10/2014), Antispasticity Drugs, Antispasmodics, Antispasticity/Antispasmodic Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

**Decision rationale:** This patient presents with bilateral upper extremity pain. The treating physician is requesting Flexeril 7.5 mg quantity 60. The MTUS Guidelines pg. 64 on Cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (Amitriptyline). This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient has been taking Flexeril since 12/11/2013. In this case, Flexeril is not recommended for long-term use. Recommendation is that this request is not medically necessary.