

Case Number:	CM14-0217671		
Date Assigned:	01/07/2015	Date of Injury:	10/08/2014
Decision Date:	03/05/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old male with an injury date of 10/08/14. Based on the 10/15/14 progress report, the patient complains of cervical spine pain which he rates as a 6/10 and thoracic spine pain which he rates as a 5/10. He has pain with movement of his cervical spine and tenderness on the posterior neck. He has a limited range of motion of this thoracic spine and tenderness in the thoracic vertebrae midline. The 10/30/14 report states that the patient rates his cervical spine pain as an 8/10 and his thoracic spine pain as a 6/10. For the cervical spine, he has 2+ tenderness with hyper-tonicity palpable and for the thoracic spine, there is tenderness to palpation with hyper-tonicity palpable. The 11/12/14 report indicates that the patient rates his neck pain as an 8/10 and his shoulder pain as a 6/10. He has tenderness on the right and left upper trapezius muscles. The patient's diagnoses include the following: 1. Cervical sprain/strain. 2. Thoracic sprain/strain. 3. Headaches. The utilization review determination being challenged is dated 12/01/14. Treatment reports are provided from 10/14/14- 12/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Pain (updated 11/21/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents with cervical spine and thoracic spine pain. The request is for NAPROXEN SODIUM 550 MG #30. He has pain with movement of his cervical spine and tenderness on the posterior neck. For his thoracic spine, he has a limited range of motion, tenderness in the thoracic vertebrae midline, and tenderness to palpation with hyper-tonicity palpable. Regarding the cervical spine, he has 2+ tenderness with hyper-tonicity palpable. The patient has been taking this medication as early as 10/15/14. MTUS Guidelines on anti-inflammatory page 22 states, "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." The patient has been taking Naproxen since 10/15/14. On 10/15/14, the patient rated his cervical spine pain as a 6/10 and his thoracic spine as a 5/10. On 10/30/14, he rated his cervical spine pain as an 8/10 and his thoracic spine pain as a 6/10. On 11/12/14, he rated his neck pain as an 8/10 and his shoulder pain as a 6/10. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, the treater has documented general statements about the patient's pain levels. There is lack of documentation regarding what naproxen has specifically done for the patient's pain and function and why it is prescribed, as required by MTUS page 60. Furthermore, his pain increases from a 6/10 to an 8/10 for his cervical spine and increases from a 5/10 to a 6/10 for his thoracic spine. Therefore, the requested Naproxen IS NOT medically necessary.

Cyclobenzaprine 7.5mg #30 dispensed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with cervical spine and thoracic spine pain. The request is for CYCLOBENZAPRINE 7.5 MG #30. He has pain with movement of his cervical spine and tenderness on the posterior neck. For his thoracic spine, he has a limited range of motion, tenderness in the thoracic vertebrae midline, and tenderness to palpation with hyper-tonicity palpable. Regarding the cervical spine, he has 2+ tenderness with hyper-tonicity palpable. The patient has been taking this medication as early as 10/15/14. MTUS Guidelines page 63 regarding muscle relaxants also states, "Recommended non-sedating muscle relaxants 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 increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence. Not recommended to be used for longer than 2 or 3 weeks." MTUS Guidelines support the use such as cyclobenzaprine for a short course

of therapy, not longer than 2 to 3 weeks. In this case, the patient has been taking this medication since 10/15/14 which exceeds the 2-3 week limit that is indicated by MTUS. Therefore, the requested cyclobenzaprine IS NOT medically necessary.