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| Case Number: | CM15-0010943 | | |
| Date Assigned: | 02/13/2015 | Date of Injury: | 05/09/2008 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 12/24/2014 |
| Priority: | Standard | Application Received: | 01/16/2015 |

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: Texas, California
 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 44-year-old female, with a reported date of injury of 05/09/2008. The diagnoses include myofascial pain syndrome, chronic spine strain, and left rotator cuff syndrome. Treatments have included oral medications. The progress report dated 12/09/2014 indicates that the injured worker continued to have pain in the left shoulder and neck, with some numbness of the left hand. The physical examination showed left shoulder impingement, decreased sensation of the left hand, decreased range of motion of the left shoulder by 10% in all planes, and spasm of the left trapezius. The treating physician requested a refill of Naprosyn 550mg to help control pain and inflammation in the cervical spine and shoulder and Flexeril 7.5mg. The medication list include Naproxen, Flexeril, Neurontin, and Omeprazole. Patient has received an unspecified number of PT and acupuncture visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Naprosyn 550mg: Overturned

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

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

Decision rationale: Request: Prescription of Naprosyn 550mg Naproxen belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "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 (Van Tulder-Cochrane, 2000)." Patient is having chronic pain and is taking Naproxen for this injury. The diagnoses include myofascial pain syndrome, chronic spine strain, and left rotator cuff syndrome. The progress report dated 12/09/2014 indicates that the injured worker continued to have pain in the left shoulder and neck, with some numbness of the left hand. The physical examination showed left shoulder impingement, decreased sensation of the left hand, decreased range of motion of the left shoulder by 10% in all planes, and spasm of the left trapezius. NSAIDs like naproxen are first line treatments to reduce pain. Prescription of Naprosyn 550mg use is deemed medically appropriate and necessary in this patient.

1 Prescription of Flexeril 7.5mg: Overturned

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

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

Decision rationale: Q-2- 1 Prescription of Flexeril 7.5mg. According to CA MTUS guidelines cited below, "recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain. "In addition for the use of skeletal muscle relaxant CA MTUS guidelines cited below "recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients." The diagnoses include myofascial pain syndrome, chronic spine strain, and left rotator cuff syndrome. The progress report dated 12/09/2014 indicates that the injured worker continued to have pain in the left shoulder and neck, with some numbness of the left hand. The physical examination showed left shoulder impingement, decreased sensation of the left hand, decreased range of motion of the left shoulder by 10% in all planes, and spasm of the left trapezius. The patient has evidence of muscle spasms. Therefore the request for 1 Prescription of Flexeril 7.5mg is medically necessary and appropriate for prn use during exacerbations.