

Case Number:	CM15-0111114		
Date Assigned:	06/17/2015	Date of Injury:	10/31/2014
Decision Date:	07/16/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/09/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 48 year old male, who sustained an industrial injury on October 31, 2014. The injury occurred while the injured worker was lifting a product to put it on an assembly line and experienced sharp back pain. The injured worker has been treated for low back complaints. The diagnoses have included lumbar sprain/strain and low back pain with left lower extremity radiculopathy. Treatment to date has included medications, radiological studies, electrodiagnostic studies, chiropractic treatments and physical therapy. Current documentation dated April 21, 2015 notes that the injured worker reported low back pain which radiated to the left lower extremity and was rated a seven out of ten on the visual analogue scale. Associated symptoms included weakness, numbness and tingling. Examination of the lumbar spine revealed tenderness and a decreased range of motion. A straight leg raise test was positive on the left. The treating physician's plan of care included a request for the medications Flexeril 7.5 mg # 60 with one refill and Naproxen 550 mg # 60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg 1 tab PO OD #60 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. There is no objective documentation of improvement. Chronic use of Flexeril is not medically necessary.

Naproxen 550 mg 1 tab PO BID #60 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms, cardiovascular risks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Naproxen/Naprosyn is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Patient has been on naprosyn chronically for a year with no documentation of any objective benefits only some vague documentation of subjective improvement. Chronic use of naprosyn is not recommended due significant long term side effects. Naproxen is not medically necessary.