

<b>Case Number:</b>	CM15-0147526		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Arizona, 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 46 year old female who sustained a work related injury May 23, 2013. She slipped and to prevent falling grabbed support with her left hand and twisted her back. She developed low back and left shoulder pain and was diagnosed with a left shoulder and lumbosacral sprain. Initial treatment included hot-cold pack, core pillow, back support, 6 sessions of physical therapy, and medication. Past history included a diagnostic arthroscopy if the glenohumeral joint and subacromial space, subacromial decompression, synovectomy, ligament resection and Mumford procedure, February, 2014. According to a primary treating physician's progress report, dated June 12, 2015, (some pages missing in report) the injured worker presented with pain in the left shoulder, rated 8 out of 10, which radiates to the left upper extremity; lumbar pain, rated 9 out of 10, which radiates down the left lower extremity to the left heel with weakness in the left leg and numbness of the left lower extremity. She reports stress incontinence due to four vaginal deliveries. She also reports intermittent headaches, rated 8 out of 10 described as pressure pain. Current medication included Naproxen, Cyclobenzaprine, Lexapro, and Lidopro topical. Objective findings included; left shoulder-flexion 100 degrees, extension 25 degrees, abduction 95 degrees, tenderness to palpation left trapezius with spasm, positive impingement sign; lumbar spine-extension 5 degrees flexion 40 degrees, tenderness left paraspinal area and coccygeal area, left sacroiliac joint, spasm and stiffness, straight leg raise 20 degrees left and 45 degrees right. Diagnoses are lumbar sprain, strain; lumbar discogenic syndrome; left sciatica; left shoulder impingement; myofascial pain; depression. At issue, is the request for authorization for Naproxen and Cyclobenzaprine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. There was no indication of Tylenol failure. Pain score reduction is not noted with use of Naproxen. Long-term NSAID use has renal and GI risks. Continued use of Naproxen is not medically necessary.

**Cyclobenzaprine 7.5mg quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 63.

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period without improvement in pain or function. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.