

<b>Case Number:</b>	CM15-0160783		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: New Jersey, New York

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 33-year-old male, who sustained an industrial injury on 6-4-13. He reported left shoulder pain. The injured worker was diagnosed as having cervical radiculitis, cervical sprain and strain, and left shoulder sprain and strain. Treatment to date has included at least 12 sessions of physical therapy, acupuncture, a left shoulder injection, and medication including Norco. Physical examination findings on 6-16-15 included full cervical spine range of motion and no bruising, swelling, atrophy, or lesion present in the left shoulder. On 6-16-15, the injured worker complained of cervical spine and left shoulder pain rated as 8 of 10. On 6-29-15, the treating physician requested authorization for Fexmid 7.5mg #60 and Anaprox DS 550mg #60. On 7-22-15 the requests were non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg 1 PO BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** The use of cyclobenzaprine is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. There are no specific details about functional improvement with the use of cyclobenzaprine. This muscle relaxant is useful for acute exacerbations of chronic lower back pain but not for chronic use. Therefore, continued use is not medically necessary.

**Anaprox DS 550mg 1 PO BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The request for Anaprox is medically unnecessary. NSAIDs are recommended at the lowest dose for the shortest duration. The patient's back and shoulder pain have been treated with NSAIDs, but there was no documentation of objective functional improvement and quantitative improvement in pain scores. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Therefore, long-term chronic use is unlikely to be beneficial. Because of these reasons, the request is not medically necessary.