

<b>Case Number:</b>	CM15-0171697		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	04/16/2004
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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:

This injured worker is a 51 year old female, who sustained an industrial injury on 04-16-2004. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, pain in joint-lower leg and degenerative joint disease of the right knee. On medical records dated 07-01-2015 and 06-30-2015, the subjective complaints were back and right knee pain. Objective findings were noted as having no abnormalities in gait and station and musculoskeletal-muscle tone was noted to have normal muscle tone without atrophy in all extremities on progress note 07-01-2015. On progress noted dated 06-30-2015 the injured worker was noted to have a limp with ambulation. And pain with squatting and kneeling, tenderness to palpation at medial joint line, a positive McMurrays test and 1+ effusion was noted. Crepitus on range of motion was noted as well. The injured worker was noted temporary totally disabled. The provider noted that Orphenadrine-Norflex ER 100mg was changed to Flexeril to see if more effective. Current medication included Naproxen Sodium-Anaprox, Gabapentin, Orphenadrine-Norflex Er, Buprenorphine HCL Sublingual, Cymbalta, Imitrex and Xanax. The Utilization Review (UR) was dated 08-19-2015. The UR submitted for this medical review indicated that the request for remaining Cyclobenzaprine-Flexeril 7.5mg #45 (DOS: 07/01/15) was non-certified, remaining Naproxen Sodium 550mg #30 (DOS: 07/01/15) was non-certified and remaining Buprenorphine HCL sublingual 2mg #30 (DOS: 07/01/15) was modified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Remaining Cyclobenzaprine - Flexeril 7.5mg #45 (DOS: 07/01/15): 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:** 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 muscle relaxants (prior Orphenadrine) for several months in combination with NSAIDs and opioids. Long-term use of muscle relaxants is not indicated. Continued use of Flexeril (Cyclobenzaprine) on 7/1/15 is not medically necessary.

**Remaining Naproxen Sodium 550mg #30 (DOS: 07/01/15): 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:** 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. Pain score reduction due to Naproxen was not noted. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Naproxen on 7/1/15 is not medically necessary.

**Remaining Buprenorphine HCL sublingual 2mg #30 (DOS: 07/01/15): 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): Buprenorphine.

**Decision rationale:** Buprenorphine is used for treatment of opioid addiction or for chronic pain after detoxification of opioid use. Its use has been used due to the advantages of no analgesic ceiling, good safety profile and ability to suppress opioid withdrawal. In this case there is no mention of opioid addiction or need for opioid detoxification. The claimant had been on Buprenorphine for several months and recently had only a 2-point reduction in pain. There was no mention of failure of alternative medications. As a result, the use of Buprenorphine is not medically necessary.

