

Case Number:	CM15-0178306		
Date Assigned:	09/18/2015	Date of Injury:	11/12/2012
Decision Date:	10/22/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 20 year old male, who sustained an industrial injury on 11-12-2012. The injured worker was diagnosed myofascial pain syndrome, thigh laceration. The request for authorization is for: Flexeril 7.5mg and Naprosyn 550mg. The UR dated 9-3-2015: non-certified Naproxen 550mg and Flexeril 7.5mg. On 5-1-2015, a medical legal supplemental report indicated Examination revealed a large right posterior thigh scar and no focal weakness or decreased ranges of motion. On 8-5-2015, he reported right thigh pain that is worse with prolonged walking. He also indicated there to be some weakness, numbness, and tingling and muscle spasms in the thigh. On this date he indicated he was not taking medications. He reported having taken anti-inflammatory drugs in the past and experiencing gastrointestinal issues with their use. Examination revealed a decrease in strength and a negative straight leg raise test. On 8-6-2015, he indicated he returned to work. He is reported as taking Naprosyn 550mg, Flexeril 7.5mg, Neurontin 600mg and Omeprazole. On 8-26-2015, he reported continued left light pain with numbness and spasms in the area. On 9-1-2015, he is reported to have had continued right thigh pain with spasms. He was continued on Naprosyn and Flexeril. The records do not discuss the efficacy of Flexeril or Naprosyn. The treatment and diagnostic testing to date has included: operation for rectal injury, post-operative rehabilitation program, physical therapy, home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg: Overturned

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), Muscle relaxants (for pain).

Decision rationale: The claimant has a history of a work injury in November 2012 after falling through a plate glass window and is being treated for chronic pain due to a deep laceration of the right posterior thigh. He was seen for an initial evaluation by the requesting provider on 08/05/15. He was not taking any medications. He was having posterior thigh pain with acute muscle spasms and weakness with numbness and tingling. Prior medications had included non-steroidal anti-inflammatory medications which had provided pain relief but had caused gastrointestinal upset. Physical examination findings included muscle spasms and trigger points were present. There was decreased strength and sensation. Medications were prescribed, including Naprosyn and Flexeril. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy in patients with muscle spasms. In this case, when prescribed, the treating provider documented the presence of muscle spasms and the claimant was having acute symptoms. A one-month supply was prescribed without refills. Flexeril was medically necessary.

Naprosyn 550mg: Overturned

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), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant has a history of a work injury in November 2012 after falling through a plate glass window and is being treated for chronic pain due to a deep laceration of the right posterior thigh. He was seen for an initial evaluation by the requesting provider on 08/05/15. He was not taking any medications. He was having posterior thigh pain with acute muscle spasms and weakness with numbness and tingling. Prior medications had included non-steroidal anti-inflammatory medications which had provided pain relief but had caused gastrointestinal upset. Physical examination findings included muscle spasms and trigger points were present. There was decreased strength and sensation. Medications were prescribed, including Naprosyn and Flexeril. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is within guideline recommendations and medically necessary.