

Case Number:	CM15-0042323		
Date Assigned:	03/12/2015	Date of Injury:	03/01/2010
Decision Date:	04/22/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/05/2015

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

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 59 year old male who sustained an industrial injury on 3/1/10. The injured worker reported symptoms in the bilateral neck and headaches. The injured worker was diagnosed as having cervical strain/sprain and right shoulder impingement, cervical spondylosis, cervicogenic headaches, cervical disc protrusion, cervical stenosis and cervical degenerative disc disease. Treatments to date have included medial branch blocks, status post right shoulder surgery, oral pain medications and activity modification. Currently, the injured worker complains of neck pain and stiffness with limited range of motion. The plan of care was for a muscle relaxant prescription, a nonsteroidal anti-inflammatory drugs prescription and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg 1 tab po daily prn spasm #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient has ongoing complaints of bilateral neck pain and headaches. The current request is for Flexeril 10mg tab po daily prn spasm #30. The treating physician states that Flexeril meets the MTUS and ODG guidelines as it provides 75% improvement of spasms with maintenance of his ADLs. The MTUS does recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The MTUS guidelines support the usage of Cyclobenzaprine (Flexeril) for a short course of therapy, not longer than 2-3 weeks. There is documentation provided that indicates that the patient has been taking this medication for a prolonged period of time. The attending physician has provided no documentation to support exceeding the MTUS guidelines of 2-3 weeks. As such, recommendation is not medically necessary.

Naproxen 550mg 1 tab po bid prn #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain meds Page(s): 60-61.

Decision rationale: The patient has ongoing complaints of bilateral neck pain and headaches. The current request is for Naproxen 550mg 1 tab po bid prn #60 2 refill. The attending physician report dated 2/11/15 states "Naproxen meets the MTUS and ODG guides as it provides 50% decrease of his inflammatory pain with 50% improvement of ADLs such as self care and dressing." MTUS guidelines for medications for chronic pain pages 60, 61 state, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS further states, "A record of pain and function with the medication should be recorded." MTUS does support the use of NSAIDs for chronic pain, specifically for low back, neuropathic and osteoarthritis. The reports provided do show discussion of the effect of pain relief and improved function per the guidelines, which support medical necessity. As such, recommendation is medically necessary.