

Case Number:	CM15-0071659		
Date Assigned:	04/21/2015	Date of Injury:	08/27/2014
Decision Date:	05/26/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/14/2015

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

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 29-year-old male, who sustained an industrial injury on August 27, 2014. He reported twisting the right ankle with immediate pain and swelling. The following day he went to an emergency room, where x-rays were obtained and his initial treatment included a cane and a fracture walker boot. His diagnosis was an ankle sprain. The injured worker was currently diagnosed as having right ankle sprain and ankle joint effusion. Diagnostics to date has included MRI, x-rays, and urine drug screening. Treatment to date has included physical therapy and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. On March 23, 2015, the treating physician noted increased ankle pain and swelling. The injured worker's pain is rated 2/10 with medications and 4/10 without. The muscle spasms are decreased with the muscle relaxer and the pain is tolerable with the opioid medication. The medications allow him to walk. No modified work is available to him, but he is attending school. The physical exam revealed a slightly antalgic gait, muscle spasms in the calf region, normal pulses in the lower extremities, tenderness over the dorsum of the right foot and ankle, decreased ankle range of motion, and pain with motion. There was normal reflexes, sensory and power testing in the right lower extremity. The treatment plan includes refills of muscle relaxant and non-steroidal anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Anaprox DS naproxen sodium 550mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Anaprox Page(s): 21-22, 72-73.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker is followed for chronic pain and is reporting benefit from the use of first line non-steroidal anti-inflammatory medication naproxen. The injured worker is noted to be going to school to learn a new trade. Examination has noted tenderness and the request for this medication is supported. The request for Retro: Anaprox DS naproxen sodium 550mg #90 is medically necessary and appropriate.

Retro: Fexmid cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine Page(s): 63-66, 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The MTUS guidelines specifically state treatment with Cyclobenzaprine should be brief. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The medical records indicate that the injured worker has been prescribed muscle relaxants for an extended period of time. Chronic use of muscle relaxants is not supported by the MTUS Chronic Pain Medical Treatment Guidelines and as such the request for Retro: Fexmid cyclobenzaprine 7.5mg #60 is not medically necessary and appropriate.