

Case Number:	CM15-0074914		
Date Assigned:	04/24/2015	Date of Injury:	06/27/2014
Decision Date:	05/27/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/20/2015

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: Ohio, North Carolina, Virginia
 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 65-year-old female, who sustained an industrial injury on 6/27/2014. She reported injury from a violent patient. The injured worker was diagnosed as having bilateral shoulder impingement, tendinitis, and bursitis, cervical sprain/strain, left knee sprain and internal derangement and lumbar sprain/strain. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, home exercises, bracing and medication management. In a progress note dated 3/6/2015, the injured worker complains of left knee pain and that the knee gives away with weight bearing. The treating physician is requesting Cyclobenzaprine, Naproxen and Tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines. Pain (Chronic) chapter. Cyclobenzaprine section.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by Ortho McNeil Pharmaceutical. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. Duration of use should not exceed 2-3 weeks. In this instance, the physical exam does reveal spasm of the lumbar musculature. However, cyclobenzaprine appears to have been in continuous use for several months. This period of time exceeds that recommended by the referenced guidelines. Therefore, cyclobenzaprine 7.5 mg #60 is not medically necessary and appropriate.

Naproxen 55mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: NSAIDS like Naproxen are recommended at the lowest dose for the shortest period in patients with moderate to severe pain due to osteoarthritis. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. In this instance, the injured has evidence of osteoarthritis of the shoulders and knees demonstrated via physical exam and radiographically. Pain levels have diminished from 9/10 to a 6/10 with medications and specific examples of functional improvement have been provided. The referenced guidelines state that NSAIDS should be used for the shortest period but they do specify how that determination should be made. Therefore, Naproxen 550 mg #60 is medically appropriate and necessary.

Tramadol ER 150mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Those prescribed opioids chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued when there is pain relief and functional improvement. In this instance, pain levels with and without medications are documented, there is documentation that a urine drug screen was reviewed on 3-6-2015. Specific examples of functional improvement on the medication have been provided. The utilization reviewer did not certify Tramadol ER on the basis that there was no urine drug screen and no signed opioid agreement. The guidelines cited do not require an opioid agreement. Therefore, Tramadol ER 150 mg #30 is medically appropriate and necessary.