

Case Number:	CM15-0074918		
Date Assigned:	04/24/2015	Date of Injury:	06/12/2014
Decision Date:	05/22/2015	UR Denial Date:	03/30/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 54 year old female, who sustained an industrial injury on 6/12/2014. She reported back stiffness while driving a bus, after applying the brakes forcefully. The injured worker was diagnosed as having lumbar strain and lumbar spondylosis with spinal stenosis. Treatment to date has included x-rays of the lumbar spine, magnetic resonance imaging of the lumbar spine (9/09/2014), physical therapy, chiropractic and medications. On 3/18/2015, the injured worker complained of low back pain with radiation to the left lower extremity. Pain was rated 4/10 with medication use and 8/10 without. She was using Tramadol for pain and found this helpful. She also reported low back spasms, reduced with the use of muscle relaxants. She was currently not working. She continued care with her chiropractor and was authorized for additional visits, but her chiropractor recommended the therapy after the authorized epidural steroid injection (not yet scheduled). Medication refills were requested, including Naproxen and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Naproxen Sodium 550mg #90 DOS 03/18/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen sodium 550 mg #90 date of service March 18, 2015 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured workers working diagnoses are lumbar strain; and lumbar spondylosis with spinal stenosis. The documentation from a June 12, 2014 progress note shows the treating provider prescribed Etodolac and Orphenadrine. A progress note dated February 18, 2015, shows the treating provider was intent on refilling naproxen sodium 550 mg. There is no documentation between June 12, 2014 progress note and the February 18, 2015 progress note. The start date for naproxen sodium is unknown the documentation the medical record. Nonsteroidal anti-inflammatory's recommended at the lowest dose for the shortest period. There is no documentation evidencing objective functional improvement with nonsteroidal anti-inflammatory drugs. According to the March 18, 2015 progress note, injured worker has 8/10 pain without medications and 4/10 pain with medications. Objectively, the injured worker has lumbar tenderness decreased range of motion. Consequently, absent clinical documentation with objective functional improvement to support ongoing naproxen sodium use (guidelines recommend the lowest dose for the shortest period) in excess of five months, Naproxen sodium 550 mg #90 date of service March 18, 2015 is not medically necessary.

Retrospective Fexmid Cyclobenzaprine 7.5rng # 60 DOS 03/18/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fexmid 7.5 mg #60 date of service March 18, 2015 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar strain; and lumbar spondylosis with spinal stenosis. The documentation from a June 12, 2014 progress note shows the treating provider prescribed Etodolac and Orphenadrine. A progress note dated

February 18, 2015, shows the treating provider was intent on refilling Cyclobenzaprine (Fexmid). There is no documentation between June 12, 2014 progress note and the February 18, 2015 progress note. The start date for cyclobenzaprine is unknown based on the documentation. Muscle relaxants are recommended as a second line option for short-term (less than two weeks). Muscle relaxants are recommended for acute low back pain or an acute exacerbation in chronic low back pain. There is no documentation of an acute exacerbation of low back pain. Additionally, the treating provider exceeded the guideline recommendations for short-term (less than two weeks). At a minimum, the injured worker has been using cyclobenzaprine (Fexmid) in excess of eight weeks. This is in excess of the recommended guidelines for short-term use. According to the March 18, 2015 progress note, injured worker has 8/10 pain without medications and 4/10 pain with medications. Objectively, the injured worker has lumbar tenderness decreased range of motion. There is no documentation evidencing objective functional improvement with ongoing Cyclobenzaprine (Fexmid). Consequently, absent compelling clinical documentation with evidence of objective functional improvement with ongoing cyclobenzaprine, Fexmid 7.5 mg #60 date of service March 18, 2015 is not medically necessary.