

Case Number:	CM15-0077920		
Date Assigned:	04/29/2015	Date of Injury:	01/20/2011
Decision Date:	05/28/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/23/2015

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: New Jersey

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 43 year old male, who sustained an industrial injury on 01/20/2011. He reported immediate pain to his left shoulder, neck and left side of his low back. Treatment to date has included physical therapy, medications, cortisone injection electrodiagnostic testing, MRI and left shoulder surgery. According to the most recent progress report submitted for review and dated 07/23/2014, the injured worker still had daily pain in the left shoulder. Pain was worse in the low back and was rated 9 on a scale of 1-10 daily. Back pain radiated to the bilateral lower extremities, left worse than right. He also complained of numbness and tingling in the low back and bilateral lower extremities. He was not working and last worked in July 2013. Diagnoses included discogenic neck condition, discogenic lumbar condition, impingement syndrome and bicipital tendinitis of the shoulder on the left status post decompression, biceps tendon release and stabilization and element of depression and sleep. His medication regimen included Norco, OxyContin, Neurontin, Flexeril, Naproxen and Protonix. Currently under review is the request for Flexeril and Nalfon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 MG #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 Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was insufficient evidence to support ongoing chronic use of Flexeril or any other muscle relaxant. As this request was for #60 pills, which suggested an intention to continue to use this medication regularly and chronically, it will be considered not medically necessary.

Nalfon 400 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there was record of having taken NSAIDs chronically leading up to this request for Nalfon. The number of pills requested suggested an intention to continue using Nalfon beyond any acute phase, for which there was no evidence. Therefore, the request for Nalfon is not medically necessary at this time.