

<b>Case Number:</b>	CM13-0056412		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/01/2009
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	10/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 49-year-old male, with a reported date of injury of 06/01/2009. The results of the injury were low back pain and depression. The current diagnoses include lumbar degenerative disc disease, lumbar disc protrusion, and probable left S1 radiculopathy. The past diagnosis was not included in the medical records provided for review. Treatments have included a cane for support, electromyography/nerve conduction velocity (EMG/NCV) on 05/22/2013, which showed moderate left L5 radiculopathy and peripheral sensory neuropathy, Flexeril 7.5mg, Norco 10/325mg #120, Ultram 150mg #30 three times a day, and Naproxen 550mg twice a day. The electrodiagnostic study reports were not included in the medical records provided for review. The progress report dated 08/23/2013 indicates that the injured worker complained of low back pain and numbness to his left leg. He also complained of depression due to the pain. The objective findings included tenderness to palpation to the lumbar spine at L1-S1, with muscle spasm to the paralumbar musculature; flexion at 30 degrees; extension at 15 degrees; left and right lateral flexion at 15 degrees; positive straight leg raise; and positive Kemp's test. The Flexeril was renewed for severe pain, and the Naproxen was renewed for inflammation. The treating physician noted that the injured worker stated that the medications have been of benefit. The injured worker's status was temporarily totally disabled. On 10/22/2013, Utilization Review (UR) denied the request for Naproxen 550mg #120 and Flexeril 7.5mg #120. The UR physician noted that Flexeril appeared to be used for a chronic condition, and the maximum dose of Naproxen should not exceed 1250mg on day one and 1000mg on subsequent days. The Chronic Pain Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **PRESCRIPTION OF FLEXERIL 7.5MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg #120 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, the injured workers working diagnoses are lumbar degenerative disc disease; lumbar disc protrusion; and probable left S1 radiculopathy. The medical record is 11 pages in its entirety. There is a single progress note dated August 23, 2013. The medication start date is unknown. There is no documentation of objective functional improvement with continued use of Flexeril. Flexeril is indicated for short-term (less than two weeks) treatment of acute low back pain or short-term treatment of acute exacerbations and chronic low back pain. The start date of Flexeril is unknown based on a single progress note in the medical record. Consequently, absent clinical documentation to support the ongoing use of Flexeril with objective functional improvement in excess of the recommended guidelines (less than two weeks), Flexeril 7.5mg #120 is not necessary.

### **PRESCRIPTION OF NAPROXEN 550MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 73.

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550 mg #120 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. See guidelines for additional details. In this case, the injured worker's working diagnoses are lumbar degenerative disc disease; lumbar disc protrusion; and probable left S1 radiculopathy. The medical record is 11 pages in its entirety. There is a single progress note dated August 23, 2013. The medication start date is unknown. There is no documentation of objective functional improvement with continued use of naproxen. The injured worker has continued low back pain with numbness to his left leg. There is tenderness to help patient of the lumbar spine and the power lumbar musculature. Consequently, absent clinical documentation to

support the ongoing use of Naproxen along with objective functional improvement, naproxen 550 mg #120 is not medically necessary.