

Case Number:	CM13-0012383		
Date Assigned:	03/10/2014	Date of Injury:	01/04/1995
Decision Date:	05/14/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/12/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male, with date of injury 1/4/1995. Per the primary treating physician's progress report, despite compliance with medications, the injured worker complains of persistent, intermittent flare-ups of moderate pain, and associated muscles spasms in the low back, with pain radiating into the buttocks as well as occasionally into the left lower extremity. The injured worker also has episodes of numbness and tingling radiating into the left lower extremity. He states that the low back symptoms are aggravated by activities of daily living with bending, stooping, lifting, carrying, prolonged sitting, and driving. He also has mild episodes of gastrointestinal upset or dyspepsia with taking an anti-inflammatory medication. There is insomnia secondary to pain. On exam of the back, he has 2+ tenderness with associated 1+ muscle spasms and myofascial trigger points about the quadratus lumborum and the posterior lumbar paravertebral muscles bilaterally, left worse than the right. There is decreased lumbar range of motion noted upon the extremes of flexion and lateral bending bilaterally, secondary to pain and stiffness. The diagnoses include: 1) Intervertebral disc syndrome, lumbar spine (chronic) with intractable low back pain; and 2) Lumbar myofascitis (chronic).

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5 MG#60: 5/16/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 42, 63, AND 64..

Decision rationale: The clinical documentation indicates that the injured worker has flare-ups of his back pain, but there is not a description of him becoming better and then experiencing an acute exacerbation of his pain. By description, and with the consistency of consecutive progress notes, these flare-ups appear to be the injured worker's current status of chronic back pain. The Chronic Pain Guidelines indicate that Cyclobenzaprine is recommended for short periods with acute exacerbations, but not for chronic or extended use. The guidelines report that the effect of cyclobenzaprine is greatest in the first four (4) days of treatment. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for cyclobenzaprine 7.5 mg #60 is determined to not be medically necessary.

ACTIVITY PAIN INDEX: 5/16/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PUBMED

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Activity Pain Index is not defined by the requesting provider. There are several pain indexes and activity indexes that are used for research, tracking progress, or in disability calculations. The goal of the activity pain index that is being requested is not clear, and the description is not specific enough to understand what that requesting provider is asking for. The claims administrator pointed out that there were no studies available in a [REDACTED] that would support this request. The requesting provider has not provided additional information for this review. The request for Activity Pain Index is determined to not be medically necessary.

COMPOUND PHARMACEUTICAL MUSCLE RUB MEDICATIONS: 5/16/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The use of topical analgesics is recommended by the Chronic Pain Guidelines in certain circumstances. In compounded topical analgesics, each active ingredient must be recommended for use, otherwise the entire compounded topical analgesic is not recommended. The request for compounded pharmaceutical muscle rub does not report the

active ingredients, and therefore it is impossible to determine if each ingredient is supported by medical literature or established guidelines. There still remains no information regarding the ingredients provided for this review. The request for compound pharmaceutical muscle rub medication is determined to not be medically necessary.