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| Case Number: | CM13-0055899 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 04/05/2012 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 11/08/2013 |
| Priority: | Standard | Application Received: | 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. The expert reviewer is Board Certified in Internal 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 patient is a 57-year-old female who has submitted a claim for pain in shoulder joint, pain in forearm joint, sprains/strains of neck, sprain and strain of lumbar region; associated from an industrial injury date of 04/05/2012. Medical records from 2013 to 2014 were reviewed and showed that patient complained of right shoulder, right elbow and low back pain. Physical examination revealed tenderness on the right shoulder and pain with extension. Examination of the right elbow showed pain with motion of pronation. Treatment to date has included physical therapy and oral analgesics. Utilization review, dated 11/08/2013, denied the request for Diclofenac Sodium 1.5% cream 60gm because the current guidelines do not support use in this concentration. The same review denied the request for Cyclobenzaprine (Flexeril) 7.5mg #90 as this medication is not recommended for treatment of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC SODIUM 1.5% CREAM 60GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DICLOFENAC SODIUM Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: As stated on pages 112 to 113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many these agents. Topical Diclofenac has not been evaluated for treatment of the spine, or shoulder. Therefore, the request for Diclofenac Sodium 1.5% cream 60gm is not medically necessary.

CYCLOBENZAPRINE (FLEXERIL) 7.5MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. As stated on page 41 of CA MTUS Chronic Pain Medical Treatment Guidelines, treatment using Cyclobenzaprine should be used as a short course of therapy because the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment. In this case, the patient has been prescribed Cyclobenzaprine (Flexeril) since March 2013. However, the medical records submitted for review do not show objective evidence of functional benefits of Flexeril use. Furthermore, long-term use of Flexeril is not recommended. Therefore, the request for Cyclobenzaprine (Flexeril) 7.5mg #90 is not medically necessary.