

Case Number:	CM13-0057996		
Date Assigned:	01/03/2014	Date of Injury:	12/22/2011
Decision Date:	04/15/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology and Pain Management and is licensed to practice in Florida. 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 physician 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 40-year-old female who reported injury on December 22, 2011. The mechanism of injury was not provided. The most recent documentation submitted for review was dated March 18, 2013 and revealed that the patient had diagnoses of low back pain and chronic thoracic spine. The request per the application for Independent Medical Review was for Norco and Cyclobenzaprine cream. The patient's medication history included opiates and muscle relaxants as of 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 NORCO 5mg, with one (1) refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function and an objective decrease in the visual analogue scale (VAS) score along with evidence that the patient is being monitored for aberrant drug behavior and side effects. The patient was noted to be taking opiates

since 2012. There is lack of documentation of an objective improvement in function, and objective decrease in the VAS score and evidence that the patient was being monitored for aberrant drug behavior and side effects. There was a lack in clinical documentation dated October 21, 2013 to support the request. There was lack of documentation indicating a necessity for one (1) refill without re-evaluation. Given the above, the prospective request for 60 Norco 5 mg with 1 refill is not medically necessary.

Cyclobenzaprine Cream 60gm, with one (1) refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Topical Analgesics Page(s): 41, 113, 111.

Decision rationale: The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The California MTUS guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. Clinical documentation submitted for review indicated that the patient had been utilizing oral muscle relaxants since 2012. There is lack of documentation indicating a necessity for a topical cream. The patient's current medications were not provided for review. There was a lack of documented information indicating the patient had trialed and failed antidepressants and anticonvulsants. There was lack of documentation indicating the patient had exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the prospective request for Cyclobenzaprine Cream 60gm, with one (1) refill, is not medically necessary.