

Case Number:	CM13-0058133		
Date Assigned:	12/30/2013	Date of Injury:	08/30/2006
Decision Date:	09/08/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/26/2013

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 Anesthesiology has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 58-year-old female with an 8/30/06 date of injury. At the time (10/28/13) of the request for authorization there is documentation of subjective findings to include pain that affects her cervical spine, radiating into the right upper extremity; pain over the lumbar spine radiating into the right lower extremity; and pain affecting the median nerve distribution of the right hand. Objective findings were noted to include cervical spine tenderness to palpation; bilateral rotation was limited secondary to pain and spasm; right wrist tenderness to palpation; grip strength was 4/5; positive Tinel's and positive Phalen's sign; lumbar spine tenderness to palpation; flexion was limited to 70 degrees with pain; bilateral rotation was limited secondary to pain and spasm; and straight leg raise was positive on the right. Current diagnoses include severe right C6-C7 stenosis, right S1 radiculopathy, severe L5 through S1 stenosis, rotator cuff tendonitis, mild carpal tunnel syndrome on the right, and probable temporomandibular joint secondary to mandibular osteoarthritis to be verified by X-ray. Treatment to date includes medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theraflex cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Theraflex cream contains methyl salicylate as the primary ingredient. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trials of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. There is documentation of neuropathic pain. However, there is no documentation that trials of antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

60 Flexeril 10mg, 1/2 tablet at bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. ODG Guidelines identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute muscle spasm or acute exacerbation of chronic low back pain. In addition, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.