

Case Number:	CM14-0009151		
Date Assigned:	02/14/2014	Date of Injury:	10/23/2002
Decision Date:	06/24/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/23/2014

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 Orthopedic Surgery, 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 56-year-old female injured on October 23, 2002. The diagnosis is noted as a cervical disc herniation with radiculopathy. The most recent progress notes indicate ongoing complaints of neck pain, and psychological testing was warranted. The pain level was noted to be 8/10. There is a history of a cervical fusion. Past treatment has included acupuncture, topical medications. The physical examination noted a decrease in cervical spine range of motion and no specific neurologic losses identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC/BACLOFEN/CYCLOBENZAPRINE/GABAPENTIN/TETRACAINE:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pharmacy

Decision rationale: According to the Official Disability Guidelines (ODG) the use of these types of medications are only supported when each of the components are warranted. As noted in

the Official Disability Guidelines (ODG) when any one of the components is not indicated the entire preparation is not indicated. As such, and considering the date of injury, there is no indication for the chronic use of a muscle relaxant medication. The request for Diclofenac/Baclofen/Cyclobenzaprine/ Gabapentin/Tetracaine is not medically necessary or appropriate.