

Case Number:	CM14-0010479		
Date Assigned:	02/21/2014	Date of Injury:	11/06/2008
Decision Date:	07/07/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/24/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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 50-year-old female who reported an injury on 11/06/2008. The mechanism of injury was not provided. The diagnoses included lumbar sprain and strain, lumbar facet syndrome, lumbosacral radiculopathy, chronic pain, shoulder pain, and neck pain. The clinical documentation of 01/24/2013 indicated the injured worker was utilizing Wellbutrin 100 mg, Flector patches, opiates, lactulose 10 grams per 16 mL, lidocaine topical gel, naproxen sodium 550 mg, omeprazole 20 mg, Opana ER 10 mg, Senokot-S 100 tablets, and Topamax 50 mg tablets as of 01/2013. The injured worker's treatments had included physical therapy and epidural blocks. The documentation of 11/19/2013 revealed the injured worker had right arm and shoulder pain with secondary neck pain. The diagnosis included lumbar sprain or strain. The discussion included the injured worker was utilizing cyclobenzaprine, which helped the injured worker with tension and spasms in the low back. It was indicated the injured worker's pain felt better with the inclusion of Flector patches. The treatment plan included continuation of medications, refill of bupropion, and refill of cyclobenzaprine 7.5 mg, half to 1 tablet by mouth up to 2 times daily as needed, dispense 90 and no refills, continuation of opiates, continuation of pantoprazole, topiramate 50 mg, and Senokot-S, as well as a continuation of the Flector patches with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional benefit. The clinical documentation submitted for review indicated the injured worker had utilized the medication previously but the duration of use could not be established through submitted documentation. However, this was noted to be a refill and as such there would need to be documentation of objective functional benefit that was received and exceptional factors. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine 7.5 mg #90 is not medically necessary.

FLECTOR PATCH 180MG #30 X 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flector patches Topical Analgesics, Topical NSAIDS Page(s): 111.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The indications for the use of topical NSAIDs are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short term use of 4-12 weeks. There is little evidence indicating effectiveness for treatment of osteoarthritis of the spine, hip or shoulder. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since early 2013. There was a lack of documentation of objective functional benefit that was received with the medication. There was a lack of documentation indicating where the treatment would be applied. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 5 refills without re-evaluation. Given the above, the request for Flector patches 180 mg #30 times 5 refills is not medically necessary.