

Case Number:	CM14-0011529		
Date Assigned:	02/21/2014	Date of Injury:	12/31/2009
Decision Date:	08/06/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/29/2014

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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 49-year-old who sustained a work-related injury 4 years ago. As a result of that injury, she has been diagnosed with chronic neck pain, left scapular pain, left shoulder pain, carpal tunnel, degenerative cervical discs, and chronic cervical radiculitis. She had a carpal tunnel release in 2010 and a cervical fusion surgery in early 2011. For pain control, she is taking Norflex, Norco, Valium, Voltaren gel, Lidoderm patch, and Biofreeze.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800 mg, 270 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend Skelaxin for short-term use for acute exacerbations in patients with chronic lower back pain. In this case, the records indicate Skelaxin has been used on a regular basis in the past. There were no documented examples of acute exacerbation of lower back pain, and no muscle spasms have been identified

on the clinical findings on the available reports. The request for 1 prescription of Skelaxin 800mg, 270 count, is not medically necessary or appropriate.

Biofreeze, quantity of one: Upheld

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

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

Decision rationale: The guidelines referenced above state that topical analgesic creams do not have a proven efficacy in most instances and are only recommended for the treatment of neuropathic pain after anti-depressants or anti-convulsants have failed. There is no documentation of such a failure provided. Therefore, Biofreeze, quantity of one, is not medically necessary or appropriate.

Valium 5 mg, quantity of fifteen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The above cited guidelines state that valium and drugs of that class are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The medical documentation provided does not show any functional improvement or better pain control as a result of this therapy, or any plan with milestones on how to measure success with this medication. Therefore, Valium 5mg, fifteen count, is not medically necessary or appropriate.