

Case Number:	CM14-0019610		
Date Assigned:	04/23/2014	Date of Injury:	06/22/2007
Decision Date:	07/03/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/17/2014

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 Internal Medicine & Pulmonary Disease, 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 58 year old female with a reported date of injury on 06/22/2007. The mechanism of injury was not submitted with the medical records. The progress note dated 05/05/2014 reported the injured worker complained of cervical neck and low back pain that radiates into the bilateral upper extremities and left hip and lower extremity as well as numbness to the 5th toe on the right. The injured worker described the pain as sharp, pulling and rated it as a 7/10. The medication listed on 05/05/2014 were allopurinol, alprazolam, amlodipine, kadian, Lidoderm, metformin, Pantoprazole, pennsaid, Percocet, senokot-s, simvastatin, trazodone, trimethobezamide, voltaren topical, whey protein powder, and zolpidem. The diagnoses listed were degeneration of cervical intervertebral disc and lumbar disc degeneration. The progress note dated 02/05/2014 reported a prescription for flexeril, however, it was not listed on the 05/05/2014 progress note. The request of authorization form was not submitted with the medical records. The request is for Cyclobenzaprine 10mg, #90 and Voltaren Gel 1% 100gm, 30 day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for Cyclobenzaprine 10mg, #90 is non-certified. The injured worker reported or pain 7/10 describing it as sharp and pulling. The California Chronic Pain Medical Treatment guidelines recommend Cyclobenzaprine for a short course of therapy. The guidelines also state Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement in low back pain and is associated with drowsiness and dizziness. The injured worker's injury was seven years ago and the guidelines recommend treatment with Cyclobenzaprine as short term as well as within 2 weeks for symptom improvement. Therefore, the request is not medically necessary.

VOLTAREN GEL 1% 100GM, 30 DAY SUPPLY: Upheld

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

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

Decision rationale: The request for Voltaren Gel 1% 100mg, 30 day supply is non-certified. The injured worker had been receiving Voltaren Gel as well as Pennsaid which is another form of Voltaren but in a solution. The California Chronic Pain Medical Treatment guidelines recommend Voltaren Gel for osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The injured worker has complaints of pain in the spine and hip. Therefore, the request is not medically necessary.