MAXIMUS Federal Services

Case Number:	CM14-0151412		
Date Assigned:	09/19/2014	Date of Injury:	03/12/2010
Decision Date:	10/22/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/17/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 49-year-old man who sustained a work related injury on March 12, 2010. Subsequently, he developed neck, shoulder, wrist, and back pain. MRI of the right shoulder dated September 4, 2012 showed minimal supraspinatus tendinosis, subajacent cyst degeneration in the humeral head, subtle degenerative changes affecting the glenohumeral joint including degenerative signal within the superior labral margin. The EMG/NCV study of the bilateral upper extremities dated May 29, 2014 showed mild chronic right C5 radiculopathy and C6 and/or C7 radiculopathies, mild right carpal tunnel syndrome, and mild median delay across the left wrist. The crevical MRI study dated July 24, 2014 showed straightening of the upper cervical spine, which may be due to strain/spasm; mild diffuse cervical degenerative disc disease; and right posterior "paracentric" C6 disc herniation causing minimal right anterior cord effacement. According to a progress report dated July 28, 2014, the patient complained of persistent pain in the neck, bilateral shoulders, and bilateral wrists. He rated his pain at 8/10. The patient was treated with Norco that helped improving the pain. He was treated with ambien occasionally for sleep. In addition, the patient complains of worsening muscle spasms. His physical examination of the cervical spine revealed tenderness with reduced range of motion, decreased strength and sensation in the territory 4/5 at C5, C6, C7, and C8 bilaterally. There was positive Spurling's bilaterally and positive shoulder compression bilaterally. Examination of the bilateral wrists revealed slightly decreased range of motion. There was positive Phalen's and Tinel's bilaterally. There was decreased sensation 4/5 at the median and ulnar nerve distributions. The patient was diagnosed with cervical disc herniation, chronic lumbar sprain, status post left shoulder arthroscopic surgery, history of alleged right shoulder rotator cuff tear, status post left carpal tunnel release, and posterior labral tear. The patient's treatment plan included physical therapy,

specialist consultations, acupuncture, HEP, and right shoulder injections. The provider requested authorization for Diclofenac 3% / Lidocaine 5% Cream and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 3% / Lidocaine 5% Cream 180 grams: Upheld

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

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

Decision rationale: The requested topical analgesic is formed by the combination Diclofenac 3% / Lidocaine 5%. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains diclofenac not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation of failure or intolerance of first line oral medications for the treatment of pain. There is no documentation that the patient developed neuropathic pain.Therefore, the request for this topical analgesic is not medically necessary.

90 tablets of Flexeril (Cyclobenzaprine HCL) 10mg: Upheld

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

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

Decision rationale: According to MTUS guidelines, Flexeril, a non sedating muscle relaxants, is recommeded with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity and no clear justification of continuous use of Flexeril. Therefore the request for authorization Flexeril 10 mg is not medically necessary.