

Case Number:	CM14-0153911		
Date Assigned:	09/23/2014	Date of Injury:	10/01/2013
Decision Date:	12/03/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/22/2014

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 Occupational Medicine, 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:

Patient is a 59 year-old male with date of injury 10/01/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/01/2014, lists subjective complaints as lower back pain with radicular symptoms to the left leg. Objective findings: Examination of the lumbar spine revealed no tenderness over the paraspinal muscles, buttocks, trochanters, spine, or sacrum. Additionally, there was no tenderness to pelvic compression, or pain in the coccyx, sacroiliac joints, or iliac crest. Range of motion was within normal limits. Straight leg raising in the seated and supine positions was negative bilaterally. Sensation to light touch was normal bilaterally for all the major dermatomes of the lower extremities. Diagnosis: 1. History of chronic lumbar degenerative disc disease 2. Degenerative disc disease L4-5 and L5-S1 with chronic hypertrophic degenerative changes with mild central and neural foraminal stenosis 3. Possible degenerative disc disease, cervical spine with acute cervical strain 4. Possible bilateral carpal tunnel syndrome, currently asymptomatic. The medical records supplied for review document that the patient was first prescribed the following medication on 08/01/2014. Medications: Pennsaid 2%, #BTLS SIG: two pumps Amrix 15mg, #30 SIG: QHS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2%, two pumps #BTLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pennsaid.com>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac.

Decision rationale: Pennsaid is Diclofenac Sodium topical solution. According to the Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Pennsaid 2%, two pumps #BTLS is not medically necessary.

Amrix 15mg #30: Upheld

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

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

Decision rationale: Amrix is cyclobenzaprine HCl extended-release capsules. The Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. There are no muscle spasms documented on the physical exam. There is no documented functional improvement from any previous use in this patient. The MTUS also state that muscle relaxants are no more effective than NSAID's alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. Amrix 15mg #30 is not medically necessary.