

Case Number:	CM14-0026965		
Date Assigned:	06/20/2014	Date of Injury:	04/04/2012
Decision Date:	08/12/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	03/04/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 41-year-old male who reported an injury on 04/04/2012. The mechanism of injury was not specifically stated. Current diagnoses include lumbar disc displacement without myelopathy and pain in the joint of the lower leg. The injured worker was evaluated on 06/03/2014 with complaints of chronic low back pain and left knee pain, rated 7/10. Physical examination revealed tenderness to palpation of the lumbosacral junction, reduced lumbar range of motion, intact sensation, decreased strength in the right lower extremity, negative straight leg raising, and 1+ and equal deep tendon reflexes. Current medications include Cyclobenzaprine 7.5mg, Tramadol/APAP 37.5/325mg, Diclofenac Sodium 1.5% cream, Gabapentin 600 mg, Naproxen 550mg, and Protonix 20mg. Treatment recommendations included an initial evaluation for a functional restoration program and discontinuation of Cyclobenzaprine, Diclofenac cream, and Tramadol/APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5% cream, 60 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. The only FDA-approved topical non-steroidal anti-inflammatory drug (NSAID) is Diclofenac, which is indicated for the relief of osteoarthritis pain. It has not been evaluated for treatment of the spine, hip or shoulder. Also, there was no frequency listed in the current request. As such, the current request cannot be determined as medically appropriate.

Cyclobenzaprine (Flexeril) 7.5mg, #90: 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): Page 63-66.

Decision rationale: The California MTUS Guidelines state non-sedating muscle relaxants are recommended as a second-line option for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has utilized Cyclobenzaprine 7.5mg since 07/2013. There is no documentation of palpable muscle spasm or spasticity upon physical examination. Guidelines do not recommend long-term use of this medication. Also, there was no frequency listed. Therefore, the request is not medically necessary.

Naproxen Sodium (Anaprox) 550mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72..

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line option after Acetaminophen. The injured worker has utilized Naproxen 550mg since 07/2013. There is no documentation of objective functional improvement resulting from its use. There was also no frequency listed. The guidelines do not recommend long-term use of NSAIDs. As such, the request is not medically necessary.

Tramadol/APAP 37.5/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (for neuropathic pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 07/2013 without any evidence of objective functional improvement. There is also no frequency listed. As such, the request is not medically necessary.