

Case Number:	CM14-0027220		
Date Assigned:	06/13/2014	Date of Injury:	11/04/2008
Decision Date:	07/16/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 27-year-old female who was reportedly injured on November 4, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 29, 2014, indicates there are ongoing complaints of thoracic spine pain, neck pain, left upper extremity pain, and sleep disruption secondary to pain. The injured employee had reportedly weaned and discontinued cyclobenzaprine. Current medications were stated to include Diclofenac, and Lunesta. The physical examination demonstrated decreased cervical spine range of motion and tenderness over the trapezius and infrascapular muscle groups. There was a diagnosis of thoracic spine pain and myalgias/myositis. A request was made for cyclobenzaprine, and diclofenac sodium and was not certified in the pre-authorization process on February 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG #120: Upheld

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

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

Decision rationale: According to the most recent medical record dated May 29, 2014, the injured employee was reported not to be using Cyclobenzaprine anymore and that it was weaned and discontinued. Therefore it is unclear why there is still a request for Cyclobenzaprine. This request for Cyclobenzaprine is not medically necessary.

DICLOFENAC SODIUM 100MG #120: Overturned

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

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

Decision rationale: The previous utilization management review dated February 26, 2014, did not certify the usage of diclofenac sodium stating it was unclear how long the injured employee was taking this medication. According to the California MTUS Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory medications (NSAIDs) such as diclofenac sodium are recommended as an option for short-term symptomatic relief. The injured employee has been diagnosed with thoracic spine pain and general myalgias/myositis. Diclofenac sodium is an appropriate medication for these conditions. A note dated April 2, 2014 states that the injured employee was recently prescribed diclofenac sodium extended-release due to gastrointestinal (G.I.) symptoms from Motrin. This medication was stated to have provided relief. Therefore this request for diclofenac sodium is medically necessary.