

Case Number:	CM14-0030864		
Date Assigned:	04/30/2014	Date of Injury:	06/12/2002
Decision Date:	06/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/12/2014

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 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 patient is a 55 year old male who was injured on 06/12/2002 when he was hit in the left shoulder by a backhoe which knocked him to the ground. He reported immediate pain in the left neck, shoulder, and arm as well as left low back pain radiating down the left leg. Prior treatment history has included severe sessions of physical therapy, chiropractic manipulations, electroacupuncture treatment, H-wave treatment, and TENS unit with limited relief. The patient received cognitive behavioral therapy. The patient underwent right L5-S1 transforaminal epidural steroid injection dated 08/06/2013. Cervical epidural local anesthetic steroid injection on 07/09/2013; right L5 and S1 transforaminal epidural steroid injection and left L5-S1 transforaminal epidural steroid injection dated 04/01/2014. The patient's medications include Feldene, Mirtazapine-remeron, Pantoprazole-Protonix, Venlafaxine Hcl, Viagra, Cyclobenzaprine and Capsaicin. Pain and rehabilitative visit note dated 01/07/2014 indicates the patient complains of neck and low back pain with radiation of pain into the upper extremities and to the lower extremities. Objective findings on exam revealed lumbar spine examination. Sensation is intact to light touch and pin prick bilaterally to the lower extremities. Straight leg raise is negative. There is spasm and guarding noted of the lumbar spine. The lumbar spine motor strength is 5/5 in all muscle groups of the lower extremity and there is decreased C7, C8 dermatome. The patient is diagnosed with lumbar lumbosacral disk degeneration, degeneration of the cervical disc, displacement of the lumbar disc without myelopathy and neck pain. Treatment and plan includes refill of medication. The patient is not a candidate for controlled substances or for narcotic medications. Prescription include Feldene 10 mg capsule, mirtazapine-remeron 10 mg, pantoprazole-Protonix 20 mg; Venlafaxine Hcl 37.5 mg; Viagra, Cyclobenzaprine, Flexeril 7.5 mg, and Capsaicin 0.075% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF FELDENE 10MG, #60: 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 NSAIDs, Specific Drug List & Adverse Effects Page(s): 73.

Decision rationale: According to the California MTUS guidelines, Piroxicam (Feldene) is recommended for osteoarthritis. This medication is not recommended for pain. The medical records document the patient is diagnosed with degeneration of lumbar and lumbosacral disc disease, degeneration of cervical disk and displacement lumbar disk without myelopathy. The patient is on Feldene since 12/2012. In the absence of documented significant improvement of pain and function and as this medication is not recommended for pain condition, the request is not medically necessary according to the guidelines.

PRESCRIPTION OF CYCLOBENZAPRINE (FLEXERIL) 7.5MG, #90: Upheld

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

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

Decision rationale: According to the California MTUS Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. This medication should be brief. The addition of Cyclobenzaprine to other agents is not recommended. The medical records document the patient is diagnosed with degeneration of lumbar and lumbosacral disc disease, degeneration of cervical disk and displacement lumbar disk without myelopathy. In the absence of documented duration of Cyclobenzaprine and in the absence of significant improvement of pain and function, the request is not medically necessary according to the guidelines.