

Case Number:	CM14-0035295		
Date Assigned:	06/23/2014	Date of Injury:	02/08/2002
Decision Date:	09/24/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/21/2014

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, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is 50 year old male presenting with chronic neck and back pain following a work related injury on 02/08/2002. The claimant was diagnosed with cervical and lumbar radiculopathies, HNPs of cervical spine at C4-5 and C5-6 with severe stenosis, HNPs at L3-4, L4-5, L5-S1 with stenosis, right shoulder arthralgia, cervical myelopathy. On 01/28/2014, the claimant reported neck and back complaints. The claimant has tried a new lighter type of gun belt but continued to cause increased low back pain. The physical exam showed palpation of the cervical spine midline and left paraspinal region, and lumbar spine midline from L4 to S1, limited cervical and lumbar motion in all planes, there is decreased sensation in the left C6 and C7 dermatomes and left L4, L5 and S1 is dermatomes, weakness graded 5-/5 on the left deltoid, biceps, internal rotators and external rotators; 4/5 on the left wrist extensors, wrist flexors, triceps and interossei, 4/5 on the left hamstrings, 4/5 on left tibialis anterior, extensor hallucis longus and invertors, hypereflexia in the bilateral biceps, brachioradialis triceps, patellar, and Achilles tendon, Hoffman's test is positive bilaterally, Clonus is positive with 3 beats bilaterally, straight leg raise test is positive on the left at 40 degrees eliciting calf pain. Cervical MRI on 12/16/2013 showed degenerative disc disease with retrolisthesis at C3-4 with facet arthropathy with fusion/segmentation anomaly noted at C6-7, canal stenosis at C3-4, C4-5 and C5-6, neural foraminal narrowing at C4-5 and C5-6. The claimant was diagnosed with myelopathy. A claim was placed for LidoPro Topical Ointment and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical Ointment 4 oz #1: 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): 111-112.

Decision rationale: The MTUS Chronic Pain Guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended". Additionally, the MTUS Chronic Pain Guidelines states topical analgesics such as lidocaine are " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended." The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. As such, the request is not medically necessary and appropriate.

Cyclobenzaprine 7.5mg tablet #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasticity Drugs, Antispasmodics.

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. As per the MTUS Chronic Pain Guidelines, the addition of Cyclobenzaprine to other agents is not recommended. In regards to this claim, Cyclobenzaprine was prescribed for long term use and in combination with other medications. As such, the request is not medically necessary and appropriate.