

Case Number:	CM14-0054110		
Date Assigned:	07/07/2014	Date of Injury:	04/10/2012
Decision Date:	08/29/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/23/2014

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 records presented for review indicate that this 61-year-old male was reportedly injured on April 10, 2012. The mechanism of injury is stated to be a student jumping on his back. The most recent progress note, dated March 24, 2014, indicates that there are ongoing complaints of low back pain, left knee pain, and left ankle pain. Current medications include Lyrica, Norco, cyclobenzaprine, gabapentin, and tramadol. The physical examination demonstrated tenderness along the lower lumbar spine and spinous processes. Lumbar spasms were present. There was decreased lumbar spine range of motion and a positive left-sided straight leg raise test. There was normal lower extremity sensation and a decreased Achilles reflex and patellar reflex on the right and left sides. Diagnostic imaging studies of the lumbar spine showed a disc bulge at L3-L4 with mild facet arthropathy. Nerve conduction studies showed a right-sided S1 and bilateral L5 radiculopathy. Previous treatment is unknown. A request had been made for Flexeril and diclofenac sodium cream and was not certified in the pre-authorization process on April 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg every 8 hours as needed #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does have findings of muscle spasms. However, this prescription for Flexeril to be taken every eight hours for 90 tablets total, does not indicate episodic short-term usage. For this reason this request for Flexeril is not medically necessary.

Diclofenac sodium 1.5% cream #60gm: 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 California MTUS guidelines support topical non-steroidal anti-inflammatory drugs (NSAIDs) for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the injured employee's diagnosis, date of injury and clinical presentation, this request diclofenac sodium cream is not medically necessary.