

Case Number:	CM14-0067100		
Date Assigned:	07/11/2014	Date of Injury:	12/29/2011
Decision Date:	08/21/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/12/2014

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 Physical Medicine and Rehabilitation, 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 injured worker is a 51-year-old female who reported an injury on 12/29/2011 after transferring a client. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included physical therapy, a TENS Unit, epidural steroid injections, activity modifications, and multiple medications. The injured worker was evaluated on 03/24/2014. It was noted that the injured worker complained of ongoing back pain with no significant changes to her complaints. Physical findings included restricted lumbar range of motion secondary to pain with significant tenderness and spasming of the lumbar spine paravertebral musculature. The injured worker's diagnoses included chronic low back pain, degenerative disc disease, and facet disease. The injured worker's medications included Naprosyn, omeprazole, Ultram, and Lidopro. A retroactive request was made for cyclobenzaprine and Lidopro topical ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retroactive Cyclobenzaprine 7.5mg #80 for date of service 03/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE; ANTISPASMODICS Page(s): 41; 64.

Decision rationale: California Medical Treatment Utilization Schedule recommend short durations of treatment not to exceed 2 weeks for muscle relaxants for acute exacerbation's of chronic pain. Muscle relaxants are not recommended by California Medical Treatment Utilization Schedule to manage chronic pain. The requested 80 pills indicates that the treatment plan for this injured worker exceeds guideline recommendations. Furthermore, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested retroactive cyclobenzaprine 7.5 mg #80 for date of service 03/24/2014 is not medically necessary.

Retrospective Lidopro Topical Ointment 121gm x2 for date of service 03/24/14: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule does support the use of menthol and methyl salicylate in the management of osteoarthritic related pain. However, the topical use of capsaicin should be limited to injured workers who have failed to respond to conservative treatments. The clinical documentation submitted for review does not provide any information regarding failure to respond to first line medications, such as anticonvulsants or antidepressants. Additionally, California Medical Treatment Utilization Schedule does not support the use of lidocaine in a cream or gel formulation as it is not FDA approved to treat neuropathic pain. California Medical Treatment Utilization Schedule states that any medication that contains at least 1 drug or drug class that is not recommended is not recommended. As such, the requested retrospective Lidopro topical ointment 120 grams x 2 for date of service 03/24/2014 is not medically necessary.