

Case Number:	CM13-0067154		
Date Assigned:	01/03/2014	Date of Injury:	08/16/2007
Decision Date:	01/15/2015	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/17/2013

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 Emergency 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 30-year old male injured worker suffered an industrial injury on 8/11/2007. The details of the accident and the initial injuries were not included in the medical records provided. Past diagnostics were magnetic resonance imaging, discogram and EMG/NCV. Surgeries included discectomy and lumbar laminectomy. The current diagnoses included lumbar radiculopathy, displacement of lumbar intervertebral disc, insomnia and depression. The physician's progress note of 11/25/2013 revealed by exam tenderness of the paraspinal muscles, decreased range of motion, and decreased sensation to the right lateral leg extending to the toes. The injured worker reported he continues to have back pain, which is reduced by medication and enables him to perform activities of daily living. He reported hopelessness due to his chronic pain from the work injury. The epidural steroid injections 8/29/2013 were reported to provide 60% benefit in reducing pain and allowed him to walk twice as far as before along with decreased use of the medications. The UR decision on 12/4/2013 denied the Flexeril and topical Ketoprofen. Flexeril was indicated only for short term use while the records reveal it has been used for a prolonged period of time, and therefore, was modified (reduced) for a taper, then discontinuation. The Ketoprophen was denied as there is a FDA warning of photo contact dermatitis with this as a topical preparation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-66.

Decision rationale: The requested Flexeril 10 mg BID #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, muscle relaxants, page # 64-66 note that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in individuals with chronic lower back pain. The injured worker has ongoing low back pain. The treating physician has documented decreased lumbar range of motion, tenderness and spasm of the L3-5 paraspinal muscles. Flexeril provided relief for chronic back spasms and helped the injured worker sleep by reducing spasms. The treating physician has not documented the duration of previous treatment with this muscle relaxant, attempts at tapering/discontinuation, or documentation of failed first-line treatment. The criteria noted above not having been met, Flexeril 10mg BID #60 is not medically necessary.

Ketoprofen Cream 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 and 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The requested Ketoprofen cream 20% is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, topical analgesics, pages 111-113 notes that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The injured worker has low back pain, burning, and numbness. The treating physician has documented decreased sensation of the right and lateral leg extending to the toes. The treating physician has not documented failed first-line treatment or documentation of the injured worker's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, Ketoprofen cream 20% is not medically necessary.