MAXIMUS Federal Services

Case Number:	CM14-0190189		
Date Assigned:	11/20/2014	Date of Injury:	11/01/2010
Decision Date:	01/08/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 64 year old male with an injury date of 11/01/10. Based on the 08/12/14 progress report, the patient complains of abdominal pain and discomfort. The pain is aggravated with coughing, sneezing, and with anything that increases the intra-abdominal pressure. The patient is post-surgery status with residual pain. The patient states that he has been feeling anxiety, stress and depression, but the medications relieve pain temporary and help to have restful sleep. Abdominal exam shows that the abdomen is protuberant, soft and tender. His diagnoses include following: Abdominal hernia; status post-surgery; anxiety disorder, unspecified; unspecified mood disorder; nonorganic sleep disorder, unspecified; and stress. The patient has undergone right knee surgery in 2004, left groin surgery in 2011, and stomach surgery in 2012. The orthopedic surgeon is requesting for cyclobenzaprine 2%/gabapentin 15%/amitriptyline 10% 180gm and cyclobenzaprine 2%/Flurbiprofen 25% 180gm on 09/16/14. The utilization review determination being challenged is dated 11/03/14. The treating physician provided the treatment reports from 06/04/14-08/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%/gabapentin 15%/amitriptyline 10% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63.

Decision rationale: This patient presents with abdominal pain with discomfort. The patient is post-surgery status with residual pain. The request is for cyclobenzaprine 2%/gabapentin15%/amitriptyline10% 180gm. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP)." There is no documentation that the patient has been taking this medication prior to the request. Regarding topical products MTUS guidelines pages 111, 112 state that topical NSAIDs are effective for peripheral joint arthritis/tendinitis. MTUS also does not support topical cyclobenzaprine. If one of the components of the compounded topical is not supported, then the entire compounded product is not recommended. In this case, the patient does not present with peripheral joint arthritis or tendinitis for which topical non-steroidal anti-inflammatory drugs (NSAIDs) are indicated. Topical cyclobenzaprine is not supported by MTUS either. Therefore, this request is not medically necessary. In this case the patient does not present with peripheral joint arthritis or tendinitis for which topical NSAIDs are indicated. Topical Cyclobenzaprine is not supported by MTUS either. Recommendation is for denial.

Cyclobenzaprine 2%/Flurbiprofen 25% 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

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