

Case Number:	CM14-0213428		
Date Assigned:	12/30/2014	Date of Injury:	10/12/2000
Decision Date:	05/01/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40-year-old female who reported an injury on 10/12/2000. The mechanism of injury was not submitted for review. Her diagnoses included bilateral neck and lumbar spasms. Her past treatments included medications. Her diagnostic studies and surgical history were noncontributory. The injured worker presented on 08/13/2014 with complaints of bilateral neck and lumbar spasms. She further reported increased swelling, coolness and pain in both hands, right greater than left. Upon physical examination of the cervical spine, mild bilateral paracervical tenderness was noted, right greater than left. Upon physical examination of the lumbosacral spine, the injured worker to have tenderness upon palpation at the L4-5 level, additionally bilateral paralumbar tenderness and spasms were noted. Her current medication regimen included oxymorphone ER, oxycodone, Topamax, topical analgesic compound cream trazodone, Flector patch, and Flexeril since at least 06/04/2014. The treatment plan included to continue the injured worker's current medications and start fentanyl 50 mcg per hour 1 patch every 72 hours, the injured worker was to continue with conservative treatment to include home exercise program, moist heat and stretches and the injured worker was to return in 1 month. The rationale for the request was to decrease pain, enhance sleep, improve mobility, improve self care, increase activities, housework/employment. A Request for Authorization form that included Flexeril 10 mg #120 with 1 refill dated 08/19/2014 was provided with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3% patch #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Pain Procedure Summary last updated 11/21/2014, Flector Patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines, Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Flector 1.3% patch #60 with 1 refill is not medically necessary. The injured worker has bilateral neck and lumbar spasms. The California MTUS Guidelines state that these medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. Additionally, the guidelines state that they are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. Additionally, the guidelines state that they are for short term, 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Furthermore, topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support its use. The documentation submitted for review provided evidence that the injured worker was positive for lumbar spasms. Additionally, the documentation also provided evidence that the injured worker has extended use beyond the guideline recommendations. As the guidelines do not recommend use of topical NSAIDs for treatment of the spine and use beyond 12 weeks, the request is not supported by the guidelines. As such, the request for Flector 1.3% patch #60 with 1 refill is not medically necessary.

Cyclobenzaprine 10mg #120 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Pain Procedure Summary last updated 11/21/2014, Non-Sedating Muscle Relaxants.

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

Decision rationale: The request for cyclobenzaprine 10 mg #120 with 1 refill is not medically necessary. The injured worker had bilateral neck and lumbar spasms. The California MTUS Guidelines recommend cyclobenzaprine for a short course of therapy. Additionally, the guidelines state the greatest effect appears to be in the first 4 days of treatment. Additionally, the guidelines state that cyclobenzaprine is not recommended for use longer than 2 to 3 weeks. The documentation submitted for review provided evidence that the injured worker has had extended use of cyclobenzaprine exceeding the guideline recommendations. Additionally, as the guidelines do not recommend usage for longer than 2 to 3 weeks, the request, as submitted, is not

supported by the evidence based guidelines. As such, the request for cyclobenzaprine 10 mg #120 with 1 refill is not medically necessary.