

Case Number:	CM15-0002728		
Date Assigned:	01/13/2015	Date of Injury:	07/24/2006
Decision Date:	04/22/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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: Family Practice

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 53-year-old female, who sustained an industrial injury on July 24, 2006. The injured worker was diagnosed as having herniated nucleus pulposus. Treatment to date has included medication, ESTIM, home exercises and ice/heat therapy. Currently, the injured worker complains of low back pain, which she rates a 6-7 on a 10-point scale when taking medication. She reports that more exercise helps with pain management and she goes to the gym two to three times per week to use the treadmill and to cycle. She continues to use ice therapy, ESTIM three times per week, exercises three to four times per week and using Norco and Motrin daily. On examination, she moves out of a chair without guarding or antalgia. She has pain with bending to the left and reports pain on the right and left sacral area, the sacroiliac joints and the gluteus maximus muscles. Her treatment plan includes continued ice/heat therapy, ESTIM and independent exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril) Page(s): 63-66, 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The medical records indicate that the injured worker has been prescribed muscle relaxants for an extended period of time. Chronic use of muscle relaxants is not supported and as such, the request for Flexeril 10mg #60 is not medically necessary.

Zostrix cream #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112. Decision based on Non-MTUS Citation drugs.com.

Decision rationale: According to drugs.com, the active ingredient in Zostrix is Capsaicin (0.075%). The MTUS recommended Capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The MTUS guidelines state that although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. In this case, the injured worker is followed for chronic low back pain and is using Zostrix in conjunction with other modalities. The medical records also note that the injured worker has been instructed to use non-narcotic medications and conservative therapy as first line treatment. The request for Zostrix cream #60 is medically necessary.