MAXIMUS Federal Services

Case Number:	CM15-0019631		
Date Assigned:	02/09/2015	Date of Injury:	06/13/2002
Decision Date:	11/10/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39-year-old female who sustained an industrial injury on 6-13-02. The injured worker reported pain in the neck and right upper extremity. A review of the medical records indicates that the injured worker is undergoing treatments for pain cervicalgia, degeneration of cervical intervertebral disc and neck pain. Treatment has included Cyclobenzaprine since at least July of 2014, Dendracin cream since at least July of 2014, Lidoderm patch since at least July of 2014, Orphenadrine since at least July of 2014, home exercise program, Tylenol, physical therapy and cervical traction. Objective findings dated 1-6-15 were notable for tenderness to palpation to the supraclavicular region, over the glenohumeral join of right upper acromioclavicular joint, muscle tenderness over right upper extremity deltoid and right elbow joint. The original utilization review (1-8-15) denied a request for Cyclobenzaprine 7.5 milligrams 1 tab QD PRN #30 Refill 1 and Voltaren 1 percent Topical Gel 100 gram tubes 4 times per day quantity of 2 refill times 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg 1 tab QD PRN #30 Refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The claimant has a remote history of a cumulative trauma work injury occurring while using a computer mouse with date of injury in June 2002. Treatments have included physical therapy, medications, and acupuncture. She stopped working in 2004. The requesting provider saw her on 01/06/15. She had been unable to obtain Lidoderm. She wanted to try an alternative medication and did not want to take an oral medication. She was having anxiety due to pain. She was taking cyclobenzaprine approximately 2 times per week for muscle tension, spasms, and acute flareups. She remained compliant with a home exercise program and was using cervical traction as needed. Physical examination findings included supraclavicular tenderness. There was right upper extremity glenohumeral, acromioclavicular, sternoclavicular, and right elbow joint tenderness. There was trapezius and deltoid muscle tenderness. Authorization was requested for topical diclofenac. Cyclobenzaprine was prescribed with one refill. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use of at least another two months. No complaints or physical examination findings of ongoing muscle spasms are recorded. Continued prescribing is not considered medically necessary.

Voltaren 1 percent Topical Gel 100gm tubes 4x per day #2 Refill 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects, Topical Analgesics.

Decision rationale: The claimant has a remote history of a cumulative trauma work injury occurring while using a computer mouse with date of injury in June 2002. Treatments have included physical therapy, medications, and acupuncture. She stopped working in 2004. The requesting provider saw her on 01/06/15. She had been unable to obtain Lidoderm. She wanted to try an alternative medication and did not want to take an oral medication. She was having anxiety due to pain. She was taking cyclobenzaprine approximately 2 times per week for muscle tension, spasms, and acute flareups. She remained compliant with a home exercise program and was using cervical traction as needed. Physical examination findings included supraclavicular tenderness. There was right upper extremity glenohumeral, acromioclavicular, sternoclavicular, and right elbow joint tenderness. There was trapezius and deltoid muscle tenderness. Authorization was requested for topical diclofenac. Cyclobenzaprine was prescribed with one refill. Topical non-steroidal anti-inflammatory medication can be recommended for patients with

chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant prefers to avoid oral medications, which reflects informed consent and prescribing an oral NSAID would be relatively contraindicated. She has localized right upper extremity pain that appears amenable to topical treatment. Generic medication is available. This request for topical diclofenac is considered medically necessary.