

Case Number:	CM15-0131032		
Date Assigned:	07/17/2015	Date of Injury:	10/26/1999
Decision Date:	08/19/2015	UR Denial Date:	06/28/2015
Priority:	Standard	Application Received:	07/07/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57-year-old female, with a reported date of injury of 10/26/1999. The mechanism of injury was the throwing of two trash bags weighing about 20 pounds into the dumpster. The injured worker's symptoms at the time of the injury included pain in the neck and upper back all the way to her skull. The pain also radiated down her right arm. The diagnoses include neck strain, cervical degenerative disc disease, right shoulder strain, and right hand numbness due to neck and right shoulder strain, possibly representing radiculopathy. Treatments and evaluation to date have included oral medications, and chiropractic treatment. The diagnostic studies to date have included an MRI of the cervical spine on 09/12/2014 which showed posterior bulging at C5-6, mild degenerative changes in the facets, and posterior spurring and bulging at C6-7. The initial comprehensive report dated 06/23/2015 indicates that the injured worker complained of neck pain with radiation down into her right shoulder and down her arm into her hand. She had some numbness of the right hand. The injured worker rated her neck pain 6 out of 10. The objective findings include mild to moderate acromioclavicular tenderness in the right shoulder, right shoulder abduction at 90 degrees, right shoulder flexion at 150 degrees, non-tender right arm, mild decreased sensation throughout the right hand, and no significant weakness. The injured worker is currently unemployed. The treating physician thought about placing the injured worker on modified duty with no overhead work above the right shoulder and no repetitive or strong use of the right arm. The treating physician requested Cyclobenzaprine 7.5mg #60 and Diclofenac Sodium ER 100mg #60. The rationale for the request is not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20, Part 1: Conclusion, and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 1, 9, and 67-73.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that NSAIDs (non-steroidal anti-inflammatory drugs) are "recommended at the lowest dose for the shortest period in patients with moderate to severe pain." Voltaren (Diclofenac) is an NSAID. There is no indication of how long the injured worker has been taking Diclofenac Sodium; however, she has a history of using NSAIDs since 2013. MTUS states that anti-inflammatory medications are the traditional first line of treatment to reduce pain so that activity and function restoration can resume. However, long-term use may not be justified. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management...and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. There is a lack of functional improvement with the treatment already provided. A review of the injured workers medical records that are available to me did not reveal sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. The request does not meet guideline recommendations. Therefore, the request for Diclofenac Sodium is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) and Muscle relaxants (for pain) Page(s): 41-42 and 63-64.

Decision rationale: The CA MTUS Chronic Pain Guidelines 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. Cyclobenzaprine is a skeletal muscle relaxant, and its side effects include drowsiness, urinary retention, and dry mouth. The medication is associated with drowsiness and dizziness. The guidelines indicate that the effectiveness of muscle relaxants appear to diminish over time and prolonged use of the some medications in this class may lead to dependence. The guidelines indicate that "treatment should be brief." The guidelines recommend Cyclobenzaprine for a short course of therapy. This medication is not recommended

to be used for longer than 2-3 weeks. There is no indication of how long the injured worker had been taking Cyclobenzaprine. She has been taking Zanaflex (another muscle relaxant) since at least 05/09/2013. The request does not meet guideline recommendations. Therefore, the request for Cyclobenzaprine is not medically necessary.