

Case Number:	CM15-0134291		
Date Assigned:	07/22/2015	Date of Injury:	09/24/2010
Decision Date:	08/24/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/10/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 44 year old female patient who sustained an industrial injury on 09/24/2010. A recent primary treating office visit dated 04/03/2015 reported the patient with subjective complaint of lumbar spine pain that increases with the cold weather. She states that chiropractic session did decrease the pain. She also has left shoulder and left elbow/wrist pains. The following diagnoses were applied: cervical spine strain/sprain with multilevel disc bulges; status post left cubital tunnel release 03/21/2013, improved; status post left medial epicondylitis, improved; bilateral wrist strain/sprain, improved, and bilateral shoulders strain/sprain, bilateral degenerative joint disease. Contributing factors noted anxiety and weight gain. There is recommendation to continue with physical therapy session treating the cervical spine. The following medications were prescribed: Motrin, Ultram, Flexeril, and two compound creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 41, 42, 63, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66; 124.

Decision rationale: Flexeril (Cyclobenzaprine) is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing numbness and tingling in the left arm; pain in both shoulders; and pain in the left elbow, both shoulders, and both wrists. These records indicated the worker had been taking this medication for a prolonged amount of time, and the discussion did not sufficiently describe special circumstances to support this request for long-term use. In the absence of such evidence, the current request for 60 tablets of Flexeril (Cyclobenzaprine) 10mg with one refill is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

Cyclo-Tramadol cream with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111, 113.

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

Decision rationale: The requested medication is a compound containing medications in the topical opioid and muscle relaxant classes. The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The Guidelines are silent as to the use of topical opioids, and the literature does not support their use. The Guidelines do not support the use of topical muscle relaxants. There was no discussion detailing extenuating circumstances that sufficiently supported the use of the requested compound in this setting. In the absence of such evidence, the current request for an indefinite supply of a compounded cream containing Cyclobenzaprine and Tramadol with one refill is not medically necessary.