

Case Number:	CM15-0181349		
Date Assigned:	09/22/2015	Date of Injury:	02/16/2014
Decision Date:	10/28/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/15/2015

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: 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:

This injured worker is a 54 year old female, who sustained an industrial injury on 02-16-2014. The injured worker was diagnosed as having ongoing neck and back pain herniated nucleus pulposus of the cervical spine and cervical radiculopathy. On medical records dated 06-23-2015, subjective complaints were noted as mid and low back pain. Pain in noted as 8 out 10 and get as bad as 10 out of 10 depending on her activity. Also noted was an aching and dull head pain. Injured worker was noted to have difficulty with daily activity such as completing her daily house chores. Objective findings were noted as cervical, thoracic and lumbar range of motion was decreased, tenderness to palpation, midline was painful and spasms were noted throughout the back. The injured worker was noted to be not working since 03-2014. Treatments to date included chiropractic therapy, physical therapy, medication and mesh back brace. Current medication was listed as Tylenol, Cyclobenzaprine, Naproxen and a pain cream. The Utilization Review (UR) was dated 08-27-2015. The UR submitted for this medical review indicated that the request for interlaminar epidural steroid injection C7-T1, CM4 Cap 0.05%-Cyclo4% and Cyclobenzaprine were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Intralaminar epidural steroid injection C7-T1: 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): Epidural steroid injections (ESIs).

Decision rationale: The MTUS Guidelines recommend the use of epidural steroid injections (ESIs) as an option for treatment of radicular pain. Radicular pain is defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Research has shown that less than two injections are usually required for a successful ESI outcome. A second epidural injection may be indicated if partial success is produced with the first injection, and a third ESI is rarely recommended. ESI can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. The treatment alone offers no significant long-term functional benefit. Criteria for the use of ESI include radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, and failed conservative treatment. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medications use for six to eight weeks. In this case, there is a lack of evidence to support a diagnosis of cervical radiculopathy. Additionally, there is no evidence that the injured worker has failed or even attempted all efforts at conservative treatment, therefore, the request for 1 Interlaminar epidural steroid injection C7-T1 is determined to not be medically necessary.

CM4 Caps 0.05%, Cyclo 4%: 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): Muscle relaxants (for pain), Capsaicin, topical, Topical Analgesics.

Decision rationale: The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Topical capsaicin is recommended by the MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine, as a topical product. As at least one of the medications in the requested compounded medication is not supported by the guidelines, the request for CM4 Caps 0.05%, Cyclo 4% is determined to not be medically necessary.

Cyclobenzaprine 7.5mg quantity 30: 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: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, there is a history of chronic pain without an acute exacerbation. The injured worker had been using this medication longer than what is recommended by the guidelines, without documented relief. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine 7.5mg quantity 30 is determined to not be medically necessary.