

Case Number:	CM15-0188493		
Date Assigned:	09/30/2015	Date of Injury:	06/16/2014
Decision Date:	12/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/24/2015

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 25 year old female, who sustained an industrial injury on June 16, 2014. The injured worker was diagnosed as having cervical spine degenerative disc disease with neural foraminal narrowing, cervicogenic headaches, lumbar spine degenerative disc disease with neural foraminal narrowing, left wrist extensor carpi ulnaris tenosynovitis versus partial tear, and right wrist extensor carpi ulnaris tenosynovitis. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, Ketorolac injection, magnetic resonance imaging of the cervical spine, and medication regimen. In a progress note dated August 12, 2015 the treating physician reports complaints of an increase in pain to the bilateral wrists and neck along with a "picking" sensation and an increase in spasms to the neck. The treating physician also noted complaints of pain to the low back with numbness and tingling to the legs. The progress note on August 12, 2015 did not include the injured worker's current medication regimen, but the progress note from July 29, 2015 noted the prescriptions for Naproxen and Flurbi-Menthol-Caps-Camph cream. The injured worker's pain level on August 12, 2015 was rated a 7 out of 10 to the neck and a 5 out of 10 to the low back and noted that the injured worker has had "no change" in function since her last examination. On August 12, 2015 the treating physician requested the medications of Flexeril 10mg with a quantity of 60, Cyclobenzaprine cream, Flurbi-Menthol-Caps-Camph cream, and twelve sessions of chiropractic manipulation for the lumbar spine only, but the progress note did not indicate the specific reason for the requested medications. On August 25, 2015 the Utilization Review determined the request for Flexeril 10mg with a quantity of 60, Cyclobenzaprine cream, Flurbi-Menthol-Caps-

Camph cream, and twelve sessions of chiropractic manipulation for the lumbar spine only to be non-certified.

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 Medical Treatment 2009.

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

Decision rationale: Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It 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. Treatment should be brief. Treatment is not recommended for longer than 2-3 weeks. A review of the injured workers medical records do not reveal extenuating circumstances that would warrant deviating from the guidelines, therefore the request for Flexeril 10mg #60 is not medically necessary.

Cyclobenzaprine cream, unknown prescription: 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): Topical Analgesics.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed and per the MTUS, cyclobenzaprine is a muscle relaxant and there is no evidence for use of any muscle relaxant as a topical product therefore the request for cyclobenzaprine cream is not medically necessary.

Flurbi-Menthol-Caps-Camph cream, unknown prescription: 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): Topical Analgesics.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, therefore the request for Flurbi-Menthol-Caps-Camph cream, unknown prescription is not medically necessary.

Chiropractic manipulation for the lumbar spine only, 12 sessions: 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): Manual therapy & manipulation.

Decision rationale: Per the MTUS chiropractic care is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care is not medically necessary. Recurrences/flare-ups Need to reevaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. However the request exceeds the recommended initial trial of 6 visits and is not medically necessary.