

Case Number:	CM15-0190249		
Date Assigned:	10/06/2015	Date of Injury:	03/05/1999
Decision Date:	11/13/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/28/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 62 year old male who reported an industrial injury on 3-5-1999. His diagnoses, and or impressions, were noted to include cervical spinal stenosis, degenerative changes and symptomatic facet arthropathy; cervical radiculitis; neck spasms; chronic pain; and insomnia. No current imaging studies were noted; magnetic resonance imaging of the cervical spine was said to be done on 11-21-2013, and right shoulder on 10-19-2000. His treatments were noted to include an Emergency Room visit on 12-6-2014; cervical traction; transcutaneous electrical stimulation unit therapy; medication management with toxicology studies (8-11-15); and a return to work with self-prophylactic limitations or restrictions. The progress notes of 9-8-2015 noted a follow-up visit which reported: the recommendation for surgery supported by magnetic resonance imaging findings; continued episodes of almost daily twitching in his right hand; numbness and weakness from the neck to the left upper extremity with poor endurance to repetitive activity; and that his current analgesic was not sufficient to cover his chronic and breakthrough pain, rated 8 out of 10, which affected his endurance at work, activities of daily living and sleep. The objective findings were noted to include fluctuating pain from 4-10 out of 10 with functional status rated 5 out of 10; diminished active shoulder range-of-motion and intolerance to cervical range-of-motion; positive Spruling's on the left side; crepitus with turning and bending; muscle atrophy in the shoulder blade area and deltoid; diminished sensation in the left hand; mild, non-tender, swelling in the right 3rd & 4th knuckles; and the review of toxicology studies from 2010-2015. The physician's requests for treatment were noted to include the continuation of Cyclobenzaprine 10%-Lidocaine 2% 4 grams topical, 2-3 times as needed.

The progress notes of 4-2-2015, 5-2-2015 & 7-7-2015 noted the treatment plan to include Cyclobenzaprine 10%-Lidocaine 2% 4 grams topical, 2-3 times as needed, and alternated with another topical cream. The Request for Authorization, dated 9-8-2015, included Cyclobenzaprine 10%-Lidocaine 2% 4 grams, and Celebrex 100 mg, 1 daily, #30. The Utilization Review of 9-10-2015 non-certified the request for Cyclobenzaprine 10%-Lidocaine 2% 4 grams, and Celebrex 100 mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10%, Lidocaine 2%, 4gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: Cyclobenzaprine 10%, Lidocaine 2%, 4gm is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical muscle relaxants such as Cyclobenzaprine are not recommended, as there is no peer-reviewed literature to support use. Furthermore, the MTUS does not support topical lidocaine in ointment form for this patient's condition. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support topical Cyclobenzaprine. The request is not medically necessary.

Celebrex 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Celebrex 100mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation does not reveal that the patient has increased function from using Celebrex. The MTUS does not support this medication long term. The request for Celebrex is not medically necessary.