

Case Number:	CM15-0197562		
Date Assigned:	10/13/2015	Date of Injury:	10/23/2001
Decision Date:	11/30/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/07/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 58 year old female, who sustained an industrial injury on 10-23-2001. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for lower reflex sympathetic dystrophy. Treatment and diagnostics to date has included aqua therapy and medications. Recent medications have included Pristiq, Lunesta, Diclofenac cream, Lyrica, Atorvastatin, Furosemide, and Magnesium. Cyclobenzaprine noted to be previously prescribed on 05-05-2015. After review of progress notes dated 08-28-2015 and 09-04-2015, the injured worker reported neck, back, and bilateral lower extremity pain rated 8 out of 10 on the visual analog scale. The treating physician noted that the injured worker had trialed Diclofenac cream and stated, "it is extremely effective in relieving her pain, over 50% relief". Objective findings included an antalgic gait, tenderness throughout her spine from cervical to lumbar spine with limited range of motion, spasm and guarding in the lumbar spine, and pain in bilateral ankle joints. The Utilization Review with a decision date of 09-10-2015 denied the request for Cyclobenzaprine 10mg tablet, take one tablet daily for muscle spasms, quantity: 30 and Diclofenac Sodium 1.5% 60 gram, apply to affected area three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg tablet, take one tab daily for muscle spasms #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of cyclobenzaprine. This is not medically necessary and the original UR decision is upheld.

Diclofenac Sodium 1.5% 60gram, apply to affected area three times a day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. Diclofenac gel is recommended for treatment of osteoarthritis in joints for which lend themselves to topical treatment such as ankle, knee, elbow, wrist, hand and foot. It is not studies for use on spine, hip and shoulder. Diclofenac gel for application to neck and back is not medically necessary.