

Case Number:	CM15-0203228		
Date Assigned:	10/19/2015	Date of Injury:	06/30/2008
Decision Date:	12/03/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, California
 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:

This is a 54 year old female with a date of injury on 6-30-08. The diagnoses include cervical postlaminectomy syndrome and cervical spondylosis without myelopathy. Per the progress report dated 9-11-15 she had an exacerbation of neck pain. She reported the last chiropractic treatment was in 2013 and provided 70 percent pain relief and ability to perform activities. She reported more than 40 percent pain relief with the combination of norco and flexeril and allows her to function and do her job. Physical exam revealed right sided cervical spine paraspinous tenderness, palpable twitch positive trigger points noted in the muscles in the head and neck, range of motion restricted and painful and cervical facet tenderness. The current medications list includes norco, flexeril and diclofenac. Treatments include: medication, physical therapy (provided some relief), chiropractic (provided some relief), epidural injections (provided some relief), acupuncture (provided relief) previous neck surgery 1994. Request for authorization dated 9-14-15 was made for Flexeril 10 mg quantity 60 and Diclofenac Sodium 75 mg quantity 60. Utilization review dated 9-21-15 non-certified the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 75mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 10/09/15) Anti-inflammatory medications Diclofenac.

Decision rationale: Diclofenac is an NSAID. According to the cited guidelines "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)" Patient had chronic neck pain. Therefore use of NSAIDs is medically appropriate and necessary. However, per the cited guidelines "A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk..." The response and failure of other NSAIDs like naproxen and ibuprofen (with full therapeutic doses) is not specified in the records provided. The request for Diclofenac Sodium 75mg #60 is not medically necessary or fully established as a first line NSAID due to its risk profile.

Flexeril 10mg #60: Overturned

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

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

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain." According to the notes dated 9/11/15, patient had exacerbation of the neck pain. She has significant objective findings on the physical exam-right sided cervical spine paraspinous tenderness, palpable twitch positive trigger points noted in the muscles in the head and neck, range of motion restricted and painful and cervical facet tenderness. She has history of cervical spine surgery. The patient has chronic pain with abnormal objective exam findings. According to the cited guidelines cyclobenzaprine is recommended for short term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Flexeril 10mg #60 is medically appropriate and necessary to use as prn during acute exacerbations.