

Case Number:	CM15-0204949		
Date Assigned:	10/22/2015	Date of Injury:	10/23/2001
Decision Date:	12/14/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/19/2015

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, North Carolina
 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 58 year old female sustained an industrial injury on 10-23-01. Documentation indicated that the injured worker was receiving treatment for chronic neck, back and lower extremity pain with reflex sympathetic dystrophy of the left lower extremity. In a utilization review treatment appeal dated 5-5-15, the injured worker complained of neck and back pain with radiation to the left lower extremity, rated 7 out of 10 on the visual analog scale. Current medications included Nabumetone, Protonix and Gabapentin. Physical exam was remarkable for tenderness to palpation throughout the lumbar and cervical spine with guarding and spasm to the lumbar spine and lumbar range of motion: flexion 45 degrees, extension 5 degrees and lateral tilt limited by 50%. In a utilization review treatment appeal dated 10-7-15, the physician noted that the injured worker complained of neck, back and bilateral lower extremity pain that worsened with increased activity. The injured worker's pain level was not quantified. The injured worker reported having difficulty with activities of daily living. The injured worker reported that Cyclobenzaprine provided relief of muscle spasms at night, which allowed for better sleep. The injured worker stated that she had improved concentration and better quality of life with Gabapentin and Cyclobenzaprine. The injured worker also reported relief of inflammatory pain due to Cyclobenzaprine topical allowing her to better tolerate the classroom environment. Physical exam was remarkable for tenderness to palpation throughout the cervical spine and lumbar spine, lumbar spine with spasm and guarding, lumbar range of motion: flexion 45 degrees, extension 5 degrees and lateral tilt limited by 50%, tactile allodynia throughout the left foot from the toes up to the ankle and tenderness to palpation to both ankles and to the left foot.

The physician noted that the injured worker had previously tried Norflex and Tizanidine without much benefit. The physician was appealing the denial of Cyclobenzaprine 10mg and retrospective request for Diclofenac sodium 1.5%. On 10-15-15, Utilization Review noncertified a request for Cyclobenzaprine 10mg #15 and a retrospective request for Diclofenac sodium 1.5% 60 gm DOS: 8/28/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30, one tab daily for muscle spasms: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The request is for Cyclobenzaprine, a muscle relaxant recommended for use with caution as a second-line option for treatment of acute flare-ups of back pain. Cyclobenzaprine is indicated for short-term use; 3-4 days for acute spasm and flare-ups and no more than 2-3 weeks. Limited, mixed evidence does not allow for recommendation for chronic use. In this case, the patient's date of injury was 14 years ago and she has been taking Flexeril on a long-term basis. There is no documentation of an acute flare-up. Therefore, the request for Cyclobenzaprine is not medically necessary or appropriate.

Retrospective request for diclofenac sodium 1.5% 60 gm SIG: apply to affected area three times a day anti-inflammatory cream qty: 1 (DOS: 8/28/15): 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: Diclofenac is an NSAID that is indicated in for osteoarthritis. In this case, the request is for a topical preparation of Diclofenac. Topical use is not well-supported by MTUS Guidelines. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these agents. Topical NSAIDs are superior to placebo only in the first 2 weeks of use for treatment of osteoarthritis. In this case, there is no documented failure or intolerance of oral NSAIDs necessitating the use of a topical agent. Therefore, based on the above, the request is not medically necessary or appropriate.