

Case Number:	CM15-0205078		
Date Assigned:	10/22/2015	Date of Injury:	06/17/2011
Decision Date:	12/09/2015	UR Denial Date:	09/25/2015
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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 was a 56 year old male, who sustained an industrial injury, June 17, 2011. The injured worker was undergoing treatment for low back pain and lumbar spine degenerative disc disease. According to progress note of June 15, 2015, the injured worker's chief complaint was low back pain, located in the midline of the lower lumbar area. The injured worker had numbness extending along the lateral aspect of the right lower extremity. The pain was described as aching and sharp. The pain was worse with sitting, standing, walking, bending and lifting. The pain was somewhat relieved by rest. The injured worker was having difficulty sleeping at night secondary to pain. The physical exam noted the injured worker walked with an antalgic gait. There was tenderness in the midline of the lumbar spine and in the mid to upper portion. There was decreased range of motion of the cervical and lumbar spine. There was decreased muscle strength of the lower extremities, 3-4 out of 5. There was sensory deficit to light touch in the right lower extremity. The straight leg raise was positive on the right. The injured worker previously received the following treatments Oxycodone ER 5mg concerns that the tablet did not last very long, Nortriptyline was helping the injured worker to sleep longer at night, physical therapy, home stretching and strengthening exercises taught in physical therapy and lumbar spine MRI showed multilevel degenerative changes. The UR (utilization review board) denied certification on September 25, 2015; for prescriptions for Cyclobenzaprine 7.5mg # and topical compound 300grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90 dispensed on 8/18/15: Upheld

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): Muscle relaxants (for pain).

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." Per p41 of the MTUS guidelines the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment is recommended for the treatment of acute spasm limited to a maximum of 2-3 weeks. The documentation submitted for review indicates that the injured worker has been using this medication long-term. It was noted that cyclobenzaprine decreased spasm, facilitating improvement in ROM, tolerance to exercise and decrease in overall pain. However, as it is recommended only for short-term use, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.

Topical compound 300g: 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: Per the MTUS guidelines, topical analgesic creams are not recommended, as they are considered highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anti-convulsants, which is not documented in this case. There is also no documentation of the patient's intolerance of these or similar medications to be taken on an oral basis. Regarding the use of multiple medications, MTUS p60 states, "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants

should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. The use of compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The compound ingredients are not documented, as such, the medical necessity of this topical compound cannot be affirmed. The request is not medically necessary.