MAXIMUS Federal Services

Case Number:	CM15-0205794		
Date Assigned:	10/22/2015	Date of Injury:	06/16/2003
Decision Date:	12/03/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/20/2015

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: Internal Medicine, Rheumatology

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 70 year old male, who sustained an industrial injury on 6-16-2003. The injured worker is undergoing treatment for: low back pain, lumbar facet syndrome. On 3-31-15, and 8-5-15, he reported low back pain with increased weakness and numbness in the left leg over the last 4-5 days. He indicated having difficulty with ambulation. He rated his pain 3 out of 10. Objective findings revealed normal gait, spasm and tenderness in the lumbar area, decreased lumbar spine range of motion, positive facet challenge in the lumbar spine, atrophied left quadriceps muscles, intact lower extremity sensation, decreased strength, hyper-reflexive bilateral patellar and Achilles reflexes, positive straight leg raise testing. The provider noted "Flexeril cream was prescribed to avoid oral medication use and reduce his muscular spasms". There is no discussion of pain reduction. There is no discussion of hypertonicity or spasm in the physical examination. The treatment and diagnostic testing to date has included: at least 12 acupunctures sessions, multiple session of chiropractic therapy, medications, topical creams. Medications have included: topical creams, Norco, Gabapentin, and Ibuprofen. The records indicate he has been utilizing Ibuprofen since at least December 2014, possibly longer; and Flexeril cream since at least March 2015, possibly longer. Current work status: permanent and stationary, retired. The request for authorization is for: Cyclobenzaprine 5 percent topical cream, Ibuprofen 800mg quantity 90 with 2 refills, and follow up visit in 18 weeks. The UR dated 9-29-2015: modified the certification to one follow up visit, and non-certified the request for Cyclobenzaprine 5 percent topical cream, Ibuprofen 800mg quantity 90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine topical cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: This 70 year old male has complained of low back pain since date of injury 6/16/2003. He has been treated with acupuncture, chiropractic therapy, physical therapy and medications. The current request is for Cyclobenzaprine topical cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Cyclobenzaprine topical cream is not medically necessary.

Ibuprofen: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: This 70 year old male has complained of low back pain since date of injury 6/16/2003. He has been treated with acupuncture, chiropractic therapy, physical therapy and medications to include NSAIDS since at least 12/2014. The current request is for Ibuprofen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 9 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Ibuprofen is not medically necessary in this patient.