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| Case Number: | CM15-0208742 | | |
| Date Assigned: | 10/27/2015 | Date of Injury: | 09/30/2014 |
| Decision Date: | 12/08/2015 | UR Denial Date: | 10/20/2015 |
| Priority: | Standard | Application Received: | 10/23/2015 |

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: Arizona, 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:

The injured worker is a 44 year old male who sustained an industrial injury on 9-30-14. A review of the medical records indicates he is undergoing treatment for pain in thoracic spine, dorsalgia, and pain in arm. The treating provider indicates that his history and physical is consistent with lumbago, right multiple rib fractures, pneumothorax - status post chest tube, and nausea. Medical records (9-14-15, 10-9-15) indicate ongoing complaints of low back pain, rating "6 out of 10" without medications. The pain is associated with numbness, tingling, and weakness of the left leg (9-14-15). He reports that the pain is worse when bending forward. The injured also complains of rib pain and difficulty breathing (9-14-15). The physical exam (10-9-15) reveals tenderness to palpation over the lumbar paraspinal muscles "consistent with spasms" bilaterally. Diminished range of motion is noted. Deep tendon reflexes are noted to be "2 out of 4" in the "patellar" and left ankle, "1 out of 4" in the right ankle. Motor strength is "5 out of 5" in bilateral lower extremities. Diagnostic studies have included an MRI of the lumbar spine, chest x-rays, CT scans of the head, cervical spine, chest, abdomen, and pelvis, and x-rays of the right shoulder, humerus, elbow, and hand. Treatment has included physical therapy (has completed 2 sessions as of 10-16-15) and medications. His medications include Flexeril and Naproxen, which were prescribed on 9-14-15. The treatment recommendations include prescriptions for Pennsaid 2% pump, as well as continuation of Flexeril and Naproxen. The utilization review (10-20-15) indicates denial of the Pennsaid pump and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid Pump: 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): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Pennsaid is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long-term use is not indicated. There are diminishing effects after 2 weeks. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. The claimant was also on topical Naproxen. The Pennsaid is not medically necessary.

Flexeril: 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): Cyclobenzaprine (Flexeril).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for an unknown length of time. OT was provided in combination with NSAIDs for a 30-day supply. Continued use of Flexeril (Cyclobenzaprine) as prescribed is not medically necessary.