

Case Number:	CM15-0216734		
Date Assigned:	11/06/2015	Date of Injury:	06/06/2003
Decision Date:	12/21/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/03/2015

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: 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:

The injured worker is a 64 year old female who sustained an industrial injury on 10-13-15. She is not working. Medical records indicate that the injured worker has been treated for cervical facet arthropathy; cervical radiculopathy; lumbar radiculopathy; chronic pain; bilateral carpal tunnel syndrome. She currently (9-22-15) complains of worsening neck pain with tingling in the bilateral upper extremities to the level of the hands and left sided occipital headaches; low back pain radiating down the bilateral lower extremities with numbness to the feet and muscle spasms in the low back; upper extremity in bilateral shoulders; lower extremity pain, bilateral feet. She reports increased spasms in the neck and low back. Physical exam of the cervical spine revealed tenderness to palpation, myofascial trigger points with twitch response in right levator muscle, decreased range of motion; thoracic spine revealed bilateral paraspinous muscle spasm, myofascial trigger points with twitch response in the upper mid back on the right; there was spasm noted at L4-S1, tenderness on palpation, decreased range of motion, decreased sensitivity along the L4-5 dermatome in the left lower extremity. Her pain level with medications was 6 out of 10 and 9 out of 10 without medication. She reports ongoing activity of daily living limitations due to pain in the following areas: self-care and hygiene, ambulation, hand function, sleep. These limitations were consistent from 5-6-15 to 9-22-15. A CURES report dated 6-3-15 revealed no inconsistencies. Documentation (9-22-15) notes "the patient has developed opiate tolerance due to long-term opiate use" but then reports that the injured worker is complying with pain management with no signs of medication abuse or diversion. Multiple diagnostic testing was done. Treatments to date include transforaminal epidural steroid injection L4-S1 (10-29-13) with good overall improvement; physical therapy with benefit; chiropractic therapy;

acupuncture; home exercise program; status post cervical fusion; status post bilateral carpal tunnel release; medications: (past- failed): Ambien, Biofreeze; hydrocodone; Lidoderm 5% patch; Norco, oxycodone, Senokot-S, Theramine: (current): Enovarx-ibuprofen 10% with benefit per 9-22-15 note and on since at least 3-11-15, Flexeril to manage bouts of severe muscle spasms: on since at least 5-6-15, hydrocodone, Lyrica, Senna. The request for authorization dated 10-13-15 was for Enovarx-ibuprofen 10% #1; cyclobenzaprine 7.5mg #60. On 10-20-15 Utilization Review non- certified the request for Enovarx-ibuprofen 10% #1; cyclobenzaprine 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Enovarx-Ibuprofen 10% #1: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.