

Case Number:	CM15-0221402		
Date Assigned:	11/16/2015	Date of Injury:	06/08/2006
Decision Date:	12/24/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 is a 42 year old male, who sustained an industrial injury on June 8, 2006, incurring low back injuries. He was diagnosed with lumbar disc degeneration and lumbar radiculitis. Treatment included pain medications, muscle relaxants, anti-inflammatory drugs, neuropathic medications, physical therapy, epidural steroid injection, topical analgesic patches. On March 28, 2014, the injured worker had a lumbar epidural steroid injection with 80% relief for 3 to 6 months. Currently, the injured worker complained of continued low back pain radiating to the bilateral lower extremities with tingling and numbness. The pain was aggravated by activities. The pain was sharp, shooting and tingling with numbness and impaired his ability to perform household chores, drive, walk, and run and play sports. He noted the pain was not controlled with medications all the time. He developed depression with the increased pain. He noted limited range of motion and muscle guarding in the bilateral lower extremities. The treatment plan that was requested for authorization included prescriptions for Cyclobenzaprine 7.5 mg #90 and Diclofenac Sodium Extended Release 100 mg #30. On October 12, 2015, requests for prescriptions for Cyclobenzaprine and Diclofenac were denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

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

Decision rationale: The claimant sustained a work injury to the low back in June 2006 while pulling and industrial sized garbage bin. Treatments have included physical therapy, injections, and medications. An MRI of the lumbar spine in April 2015 showed progressive findings of multilevel disc degeneration compared with a previous scan in October 2006. When seen in October 2015 he was having low back pain radiating to the lower extremities with numbness and tingling. He was having occasional weakness. He reported that his pain was not controlled at times even with his current medications. He had stopped taking Naprosyn as it was not helping. He wanted to try a different medication. Physical examination findings included decreased and painful lumbar spine range of motion. There was decreased left lower extremity sensation with positive straight leg raising. Authorization was requested for extended release diclofenac. Cyclobenzaprine was being prescribed on a long-term basis and was continued. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use. Continued prescribing is not considered medically necessary.

30 tablets of Diclofenac Sodium Extended Release 100mg: Overturned

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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury to the low back in June 2006 while pulling and industrial sized garbage bin. Treatments have included physical therapy, injections, and medications. An MRI of the lumbar spine in April 2015 showed progressive findings of multilevel disc degeneration compared with a previous scan in October 2006. When seen in October 2015 he was having low back pain radiating to the lower extremities with numbness and tingling. He was having occasional weakness. He reported that his pain was not controlled at times even with his current medications. He had stopped taking Naprosyn as it was not helping. He wanted to try a different medication. Physical examination findings included decreased and painful lumbar spine range of motion. There was decreased left lower extremity sensation with positive straight leg raising. Authorization was requested for extended release diclofenac. Cyclobenzaprine was being prescribed on a long-term basis and was continued. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic

persistent pain and for control of inflammation. Recommended dosing of diclofenac XR for chronic pain is 100 mg per day. In this case, the claimant has chronic persistent pain. The requested dosing is within guideline recommendations and when prescribed medications were not providing consistent pain control. The request is considered medically necessary.