

Case Number:	CM15-0223616		
Date Assigned:	11/19/2015	Date of Injury:	04/10/2015
Decision Date:	12/30/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/13/2015

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 54-year-old female, who sustained an industrial injury on April 10, 2015, incurring back, shoulders and hips injuries. She was diagnosed with cervical sprain, cervical radiculopathy, thoracic spine sprain lumbosacral sprain, lumbar radiculopathy, and muscle strain of both rotator cuffs and bilateral hip's sprains. Treatment included anti-inflammatory drugs, proton pump inhibitor, muscle relaxants, pain medications, topical analgesic cream, trigger point injections, physiotherapy, and acupuncture and activity restrictions. Currently, the injured worker complained of persistent dull aching pain in her upper, mid and low back radiating to the lower extremities with numbness and tingling rated 8 out of 10 on a pin scale from 0 to 10. The pain was aggravated with range of motion, and activities and relieved with rest and medications. She noted pain in the shoulders rated 7 out of 10 and bilateral hip pain rated 7 out of 10. She complained of loss of sleep and difficulties with her daily activities secondary to the constant pain. The treatment plan that was requested for authorization included prescriptions for Anaprox 550mg #60, Cyclobenzaprine 7.5 mg #60 and Flurbiprofen-Lidocaine-Amitriptyline topical cream. On November 4, 2015, a request for Anaprox, Cyclobenzaprine and a topical analgesic cream was non-approved by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg take one tablet twice a day for pain and inflammation quantity 60: 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 54 year old female has complained of low back pain, cervical spine pain, shoulder and hip pain since date of injury 4/10/2015. She has been treated with trigger point injections, acupuncture, physical therapy and medications to include NSAIDS for at least 8 weeks duration. The current request is for Anaprox. 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 8 weeks. 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 the available medical records and per the MTUS guidelines cited above, Anaprox is not indicated as medically necessary in this patient.

Cyclobenzaprine 7.5mg take 1-2 tablet at bedtime quantity 60: 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): Cyclobenzaprine (Flexeril).

Decision rationale: This 54 year old female has complained of low back pain, cervical spine pain, shoulder and hip pain since date of injury 4/10/2015. She has been treated with trigger point injections, acupuncture, physical therapy and medications to include Cyclobenzaprine for at least 8 weeks duration. The current request is for Cyclobenzaprine. Per MTUS guidelines cited above, treatment with Cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of Cyclobenzaprine to other agents is not recommended. On the basis of the available medical records and per MTUS guidelines cited above, Cyclobenzaprine is not indicated as medically necessary for this patient.

Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5% 240gms: 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: This 54 year old female has complained of low back pain, cervical spine pain, shoulder and hip pain since date of injury 4/10/2015. She has been treated with

trigger point injections, acupuncture, physical therapy and medications. The current request is for Flurbiprofen 20%/ Lidocaine 5%/Amitriptyline 5% 240gms. 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, Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5% 240gms is not indicated as medically necessary.