

Case Number:	CM15-0050151		
Date Assigned:	03/23/2015	Date of Injury:	09/08/2011
Decision Date:	05/06/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/16/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 45-year-old male, who sustained an industrial injury on 9/8/11. He has reported twisting and falling working as a grounds keeper on a golf course and he experienced pain in the lower back. The diagnoses have included lumbar discogenic syndrome, sciatica left side, repetitive lumbar strain, and lumbosacral or thoracic neuritis. Treatment to date has included medications, diagnostics, acupuncture, Home Exercise Program (HEP) and Transcutaneous Electrical Nerve Stimulation (TENS). Currently, as per the physician progress note dated 2/24/15, the injured worker complains of continued low back pain rated 7-8/10 on pain scale. It was noted that the injured worker was requesting medication and Transcutaneous Electrical Nerve Stimulation (TENS) patch re-fills this visit. The current medications included Gabapentin, Cyclobenzaprine, Lidopro cream, Diclofenac and Omeprazole. The physical exam of the lumbar spine revealed there was active range of motion with pain elicited on forward flexion and extension, there was positive trigger points and spasm noted. The physician noted that he wanted to continue current medications, Transcutaneous Electrical Nerve Stimulation (TENS) and Home Exercise Program (HEP) and return visit in 3 months. Work status was modified with restrictions. The physician requested treatments included Cyclobenzaprine 7.5mg #90 and Diclofenac 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 63, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used form more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the request for Cyclobenzaprine 7.5mg #90 is not medically necessary.

Diclofenac 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Diclofenac Sodium is used for osterarthritis pain. There is no documentation of the efficacy of previous use of the drug. There is no documentation of monitoring for safety and adverse reactions of the drug. There is no documentation that the patient developed osteoarthritis. Therefore, the request for Diclofenac 100mg #60 is not medically necessary.