

Case Number:	CM15-0054084		
Date Assigned:	03/27/2015	Date of Injury:	12/18/1997
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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 65 year old female, who sustained an industrial injury on 12/18/97. Initial complaints/injury are not noted in the submitted records. The injured worker was diagnosed as having degenerative intervertebral disc disease Lumbar/lumbosacral; thoracic or lumbosacral neuritis or radiculitis; spondylosis without myelopathy; sciatica; lumbago; spasms of the muscle. Treatment to date has included physical therapy; chiropractic care; DEXA scan (3/23/04); drug screening for medical management; medications. Currently, per the PR-2 dated 1/29/15, the injured worker complains of chronic increasing lower back pain radiating to the left buttock and left leg. Recent results of a lumbar MRI (no report - 9/2014), confirm multilevel degenerative disc disease L3-4, L4-5 and L5-S1 with mild to moderate stenosis. The provider notes dated 2/15/15 requested left L4-5 and L5-S1 transforaminal epidural steroid injections. The provided is requesting continuation of multiple medications for symptomatic complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Page(s): NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for 7 years. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant was developing NSAID gastritis but she was continued on Naproxen. Pain scores were not noted. Continued use of Naproxen is not medically necessary.

Flurbiprofen 20%/Licaine 5% 300 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They 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. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidocaine not recommended. Flurbiprofen 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. The claimant was on oral NSAIDS which can have similar systemic absorption as topical NSAID. The claimant was developing NSAID induced gastritis. The use of Flurbiprofen/Lidocaine is not medically necessary.

Flexmid 7.5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines muscle relaxants.

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Fexmid) 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 Fexmid for 7 years. The claimant was taking this in combination with NSAIDs. The continued use is not medically necessary.