

Case Number:	CM15-0055167		
Date Assigned:	03/30/2015	Date of Injury:	10/10/2005
Decision Date:	05/05/2015	UR Denial Date:	02/27/2015
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: Texas, 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 male, who sustained an industrial injury on 10/10/2005. He reported injury after lifting a heavy trashcan over his head and dumping it into a bin. The injured worker was diagnosed as having lumbar discogenic syndrome and post spinal fusion chronic pain. Lumbar magnetic resonance imaging showed intact spinal fusion, lumbar 4-5 disc bulge and mild degeneration. Treatment to date has included TENS (transcutaneous electrical nerve stimulation), home exercises, lumbar brace and medication management. In a progress note dated 2/19/2015, the injured worker complains of low back pain and right ankle pain. The treating physician is requesting Cyclobenzaprine and Thermacare patch. The medication list include Naproxen, Vicodin, Omeprazole, Flexeril. The patient's surgical history include lumbar laminectomy and fusion in 2/15/2006. The patient has had MRI of the lumbar spine on 1/14/2015 that revealed disc bulge with foraminal narrowing, and post surgical changes. Per the doctor's note dated 4/7/15 patient had complaints of back pain with radiation in bilateral LE and foot drop on left. Physical examination revealed limited range of motion of the lumbar region and left foot drop and antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Request: Cyclobenzaprine 7.5mg, QTY: 60. According to CA MTUS guidelines cited below, Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain. In addition for the use of skeletal muscle relaxant CA MTUS guidelines cited below. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients. He reported injury after lifting a heavy trashcan over his head and dumping it into a bin. The injured worker was diagnosed as having lumbar discogenic syndrome and post spinal fusion chronic pain. Lumbar magnetic resonance imaging showed intact spinal fusion, lumbar 4-5 disc bulge and mild degeneration. In a progress note dated 2/19/2015, the injured worker complains of low back pain and right ankle pain. The patient has had MRI of the lumbar spine on 1/14/2015 that revealed disc bulge with foraminal narrowing, and post surgical changes. Per the doctor's note dated 4/7/15 patient had complaints of back pain with radiation in bilateral LE and foot drop on left. Physical examination revealed limited range of motion of the lumbar region and left foot drop and antalgic gait. The pt has had back surgery and the pt has significant abnormal objective findings on musculoskeletal exam. The flexeril has been prescribed in a low dose and a small quantity. Therefore, the request for Cyclobenzaprine 7.5mg, QTY: 60 is medically necessary and appropriate for prn short term use during exacerbations.

Thermacare patch, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 04/15/15) Cold/heat packs.

Decision rationale: Thermacare patch, QTY: 30 Per the ACOEM guidelines cited below At-home local applications of cold in first few days of acute complaint; thereafter, applications of heat or cold. Per the cited guidelines for hot and cold pack. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders. Any evidence of recent surgery was not specified in the records provided. Any evidence of acute pain was not specified in the records provided. The previous PT visit notes were not specified in the records provided. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. Rationale for not using a simple hot pack at home was not specified in the records provided. The contents of the Thermacare Back Patches were not specified in the records provided. The records provided do not specify a response to conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts for this injury. The medical necessity of the request for Thermacare patch, QTY: 30 is not fully established in this patient and is not medically necessary.