

Case Number:	CM14-0115000		
Date Assigned:	08/04/2014	Date of Injury:	07/05/2002
Decision Date:	10/21/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63-year old male injured on 07/05/02 due to an undisclosed mechanism of injury. Neither the specific injuries sustained nor the initial treatments rendered were discussed in the documentation provided. Diagnoses include lumbosacral spondylosis without myelopathy and lumbosacral radiculitis. The clinical note dated 06/10/14 indicated the injured worker presented complaining of low back pain radiating to the bilateral lower extremities in the L5 versus S1 distribution due to a recent acute exacerbation of chronic back pain. The documentation indicated the injured worker previously responded to an L5 transforaminal epidural steroid injection with greater than 50% relief for more than 6 weeks' time. It is noted in the clinical note MRI findings of lumbar degenerative disc disease at L5; however, official radiology report was not provided for review. The injured worker rated the pain at 5-7/10 with associated numbness and tingling in the left lower extremity. Physical examination revealed 1+ Achilles reflexes bilaterally, myoclonus absent, diminished sensation in the left lower extremity, tenderness noted over the paraspinal muscles overlying the lumbar facet joints bilaterally, trigger points noted over lower paraspinal musculature, 1+ muscle spasm noted, and straight leg raise test positive on the left. Medications included cyclobenzaprine 10mg 1 tablet twice a day, ThermaCare 1 bandage as needed, Morphine 15mg 1 tablet every day, and request for epidural steroid injection. The initial request for medications was non-certified on 06/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ Small/Medium Back/Hip Bandage apply 1 bandage PRN by Topical #3:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter. Health Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. Therefore ██████████ Small/Medium Back/Hip Bandage apply 1 bandage as needed by Topical #3 is not medically necessary.

Cyclobenzaprine 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, Cyclobenzaprine 10mg #60 is not medically necessary.