

Case Number:	CM14-0161379		
Date Assigned:	10/06/2014	Date of Injury:	02/24/2012
Decision Date:	10/30/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/01/2014

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 Preventive 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:

According to the records made available for review, this is a 57-year-old female with a 2/24/14 date of injury. At the time (9/17/14) of request for authorization for Flexeril 7.5mg #120 and Cyclo/Keto/Lido/ cream 240gm #2, there is documentation of subjective (low back pain and bilateral lower extremity pain with numbness/tingling, and bilateral wrist pain) and objective (positive Phalen's and Tinel's sign over left wrist, tenderness over bilateral lumbosacral region, and positive right straight leg raise) findings, current diagnoses (bilateral wrist sprain/strain, left volar wrist mass, and left wrist osteoarthritis), and treatment to date (medications including ongoing treatment with Motrin, Prilosec, Flexeril since at least 6/19/14, and Cyclo/Keto/Lido cream)). Regarding Flexeril, there is no documentation of acute exacerbations of chronic low back pain; the intention for short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are 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. Within the medical information available for review, there is documentation of diagnoses of bilateral wrist sprain/strain, left volar wrist mass, and left wrist osteoarthritis. In addition, there is documentation of ongoing treatment with Flexeril; and Flexeril used as a second line option. However, given documentation of a 2/24/14 date of injury, there is no (clear) documentation of acute muscle spasm or acute exacerbations of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Flexeril since at least 6/19/14, there is no documentation of the intention for short-term (less than two weeks) treatment. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 7.5mg #120 is not medically necessary.

Cyclo/Keto/Lido/ cream 240gm #2: 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): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of bilateral wrist sprain/strain, left volar wrist mass, and left wrist osteoarthritis. However, the requested Cyclo/Keto/Lido/ cream contain at least one drug/drug class (Lidocaine, Ketoprofen, and Cyclobenzaprine) that is not recommended. Therefore, based

on guidelines and a review of the evidence, the request for Cyclo/Keto/Lido/ cream 240gm #2 is not medically necessary.