

Case Number:	CM14-0213394		
Date Assigned:	12/30/2014	Date of Injury:	10/01/2009
Decision Date:	02/25/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 45-year-old female with a date of injury of 10/01/2009. According to progress report dated 11/17/2014, the patient presents with constant dull low back pain with radiation to her upper back with no associated paresthesia. Current pain is rated as 5.5/10 on a VAS on average. MRI of the cervical spine dated 01/20/2011 revealed 1 mm broad posterior disk bulge at C4-C5 level indenting the anterior aspect of the thecal sac and 2 mm posterior disk protrusion at C5-C6 causing pressure over the anterior aspect of the thecal sac. There is 3 mm disk protrusion at C6-C7, which causes pressure over the anterior aspect of the thecal sac. The patient's current medications include metformin, atenolol, lisinopril, Bydureon, and Aleve. Examination of the neck revealed moderate bilateral cervical paraspinal muscle and upper trapezius tenderness to palpation. Cervical range of motion is mildly limited at all planes. Examination of the lower back revealed mild bilateral lumbar paraspinal muscle and gluteal muscle tenderness to palpation. Lumbar spine testing shows normal range of motion and flexion, extension, lateral flexion, and rotation. The listed diagnoses are: 1. Cervical chronic pain. 2. Cervical disk protrusion at C4-C5, C5-C6, and C6-C7. 3. Myofascial pain syndrome in the cervical paraspinal muscles and upper trapezius muscles for chronic low back pain. 4. Right hip pain. The patient is permanent and stationary and is being treated under future medical care provisions. Treatment plan is for Valium 5 mg for anxiety and insomnia #30, topical compound cream for pain control, neuromuscular stimulator 1-2 months for pain relief, trigger point injection in the near future, and return to clinic in 4 weeks for reevaluation. The utilization review denied the request on 01/08/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with chronic neck and low back pain. The patient also admits to experiencing insomnia due to pain and some leg swelling. The current request is for Valium 5 mg #30. Valium is a benzodiazepine. MTUS Guidelines page 24 has the following regarding benzodiazepines, "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Most guidelines limit 4 weeks. Utilization review modified the certification from the requested Valium 5 mg #30 to Valium 5mg #30 "with no refills." This is a request for Valium 5 mg #30 and the treating physician has not requested any refills. Given the patient reports anxiety and sleep issues, an initial trial of Valium 5 mg #30 is within MTUS Guidelines. The requested Valium is medically necessary.

Flurbiprofen 20%/Cyclobenzaprine 4%/Lidocaine 5% Cream 120gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for flurbiprofen 20%, cyclobenzaprine 4%, and lidocaine 5% cream. The treating physician requested a trial of this topical compound cream for "pain control as I am concerned about her increased risk of peptic ulcer disease and kidney damage with chronic use of her Aleve." The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." In this case, the patient does not meet the indication for this topical NSAID. In addition, cyclobenzaprine is not recommended in any topical formulation and Lidocaine is only allowed in a patch form. This topical compound medication is not medically necessary.