

Case Number:	CM14-0217742		
Date Assigned:	01/07/2015	Date of Injury:	06/15/1999
Decision Date:	03/30/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/29/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 37 year old female, who sustained an industrial injury on 6/15/99. She has reported back pain. The diagnoses have included lumbar spinal stenosis. Treatment to date has included medications, diagnostics, right sacroiliac joint injections and conservative measures. Currently, the injured worker complains of moderate pain in the right buttock and right sacroiliac joint area. Physical exam revealed exquisite tenderness in the right sacroiliac joint and pelvic compression test refers some pain to the right sacroiliac joint. The straight leg raise on the right reproduces right sacroiliac pain and on the left it reproduces some back pain. The right sacroiliac joint was examined and injected. The injured worker was provided with medications and she was to continue with work. The X-ray of the lumbar spine dated 4/4/14 revealed significant spinal deformity with a stable arthrodesis. On 11/20/14 Utilization Review non-certified a request for Retrospective Diclofenac Sodium ER 100mg, #120 and Retrospective Cyclobenzaprine Comfort Pac, #2, noting that regarding Retrospective Diclofenac Sodium ER 100mg, the physician noted that guideline criteria have not been met, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) are recommended for short term use and no exceptional circumstances were evident in this case. Regarding the Cyclobenzaprine Comfort Pac, #2, the physician noted that guideline criteria have not been met as there was no documentation of increase in function or decrease in pain or spasm with use of this medication. Therefore, not medically necessary but weaning is recommended due to the nature of the drug. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Diclofenac Sodium ER 100mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Diclofenac Sodium ER is used for osterarthritis pain. There is no documentation of the efficacy of previous use of the drug. There is no documentation of monitoring for safety and adverse reactions of the drug. There is no documentation that the patient developed osteoarthritis. Therefore, the request for Diclofenac Sodium ER (Voltaren) 100mg Qty: 120 is not medically necessary.

Retrospective Cyclobenzaprine Comfort Pac, #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

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

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used form more than 2-3 weeks. In this case there is no documentation of functional improvement and/or decrease in pain and spasm with the use of Cyclobenzaprine. Therefore, the Retrospective request for Cyclobenzaprine Comfort Pac, #2 is not medically necessary.