

Case Number:	CM15-0148364		
Date Assigned:	08/11/2015	Date of Injury:	04/20/2013
Decision Date:	12/30/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 48 year old female who sustained a work-related injury on 4-20-13. Medical record documentation on 6-23-15 revealed the injured worker was being treated for lumbar herniated nucleus pulposus and lumbar radiculopathy. She reported low back pain which she rated a 5-7 on a 10-point scale. She had associated numbness to the left lower extremity extending to the level of the knee. She had an exacerbation of pain with prolonged walking and sitting. She reported numbness along the left arm from the shoulder down to the elbow. She reported that her medications helped to reduce her pain and improve her daily function. Use of Flexeril cream helped to reduce her pain. Objective findings included an antalgic gait and abnormal heel-toe walk. She had tenderness to palpation in the bilateral pm of the cervical spine and the lumbar spine on the left greater than right and had pain in the left shoulder. She had a positive left straight leg raise. Previous therapy included 10 sessions of acupuncture therapy, which helped reduce her pain and tension, lumbar epidural steroid injection on 6-12-14, which provided moderate relief for one month, ice therapy, which was beneficial, and a Toradol injection which resolved a flare-up of pain. A request for pain management specialist (lumbar) and prospective use of CM2 cyclobenzaprine cream 5% was received on 6-22-15. On 6-30-15, the Utilization Review physician determined follow-up with a pain management specialist (lumbar) and prospective use of CM2 cyclobenzaprine cream 5% was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up evaluation with a pain management specialist (lumbar): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: The claimant sustained a work injury in April 2013 and is being treated for chronic back pain with radiating symptoms in the left lower extremity. She underwent a left transforaminal epidural injection in June 2014 with moderate pain relief of nearly 50% for one month. Treatments have included chiropractic care and acupuncture. An MRI in June 2013 including findings of a left lateralized disc protrusion. In June 2015 her condition was unchanged. Authorization for psychology evaluation had been requested. She was continuing to follow-up for pain management and a transforaminal epidural injections had been authorized and was scheduled. She had pain rated at 8-9/10. Physical examination findings included an antalgic gait. There was paraspinal tenderness with decreased range of motion. There was decreased left lower extremity sensation and decreased bilateral upper and lower extremity strength. Left straight leg raising was positive. Facet loading and Slump testing was positive bilaterally Medications were continued including topical Flexeril cream. Authorization was requested for pain management follow-up care for interventional pain management as well as medication management. A pain psychology consultation was requested for depression and anxiety. Office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. In this case, what is being requested is continued pain management for interventional care and medication management. There was a pending epidural steroid injection and ongoing interventional care would be dependent on the outcome of that procedure. The provider making the request was continuing to prescribe medications and was managing the claimant's condition and continuing to act in the role of primary treating provider. This prospective request for indefinite pain management follow-up is not medically necessary.

CM2 Cyclobenzaprine cream 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in April 2013 and is being treated for chronic back pain with radiating symptoms in the left lower extremity. She underwent a left transforaminal epidural injection in June 2014 with moderate pain relief of nearly 50% for one month. Treatments have included chiropractic care and acupuncture. An MRI in June 2013 including findings of a left lateralized disc protrusion. In June 2015, her condition was unchanged. Authorization for psychology evaluation had been requested. She was continuing to follow-up for pain management and a transforaminal epidural injections had been authorized and was scheduled. She had pain rated at 8-9/10. Physical examination findings included an antalgic gait. There was paraspinal tenderness with decreased range of motion. There was decreased left lower extremity sensation and decreased bilateral upper and lower extremity strength. Left straight leg raising was positive. Facet loading and Slump testing was positive bilaterally. Medications were continued including topical Flexeril cream. Authorization was requested for pain management follow-up care for interventional pain management as well as medication management. A pain psychology consultation was requested for depression and anxiety. In terms of topical treatments, cyclobenzaprine is a muscle relaxant and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. In this case, there are other topical treatments with generic availability that could be considered. This medication is not medically necessary.