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| Case Number: | CM15-0069790 | | |
| Date Assigned: | 04/17/2015 | Date of Injury: | 08/01/2008 |
| Decision Date: | 05/18/2015 | UR Denial Date: | 03/13/2015 |
| Priority: | Standard | Application Received: | 04/13/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 60 year old male with an industrial injury dated 08/01/2008. His diagnoses include solitary sacroiliitis, spondylolisthesis, sacroiliac joint inflamed, chronic pain syndrome and lumbar post-laminectomy syndrome. Prior treatments include diagnostics, epidural injections, pain management referral, surgery, physical therapy and medications. He presents on 12/16/2014 with complaints of back pain. He describes the pain as a constant aching and rates the pain as 8/10. Physical exam reveals moderate tenderness on palpation of the cervical paraspinal muscles. Sensation was grossly intact in both upper extremities. There was moderate tenderness on deep palpation of lumbar spinal muscles. The provider documents the injured worker has not been seen by physical therapy since his flare up of back pain. Documentation also states pain was improved with the use of Norco. Urine drug screen was consistent with medications the injured worker was taking. The plan of treatment included pain management with medications, analgesic cream and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 111-114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Cyclobenzaprine for over 5 months in combination with opioids. Long-term use is not indicated. The claimant had 8/10 increasing pain indicating diminishing efficacy. Continued use of Cyclobenzaprine is not medically necessary.

Zohydro ER 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Zohydro is a long-acting opioid containing hydrocodone. According to the guidelines, opioids are not indicated for mechanical or compressive etiologies. Long-term use has not been studied. In this case, the claimant had been on opioids for over 5 months including the use of Norco. The pain was increasing and there was no indication of improvement in function. There was no indication of Tricyclic failure. The continued use of Zohydro is not medically necessary.

Trolamine Salicylate 10% topical analgesic cream 180gm #120 applications: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Trolamine Salicylate is a topical NSAID. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the medication was prescribed for back

pain which has not been studied. The claimant does not have arthritis. The request for Trolamine is not medically necessary.