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| Case Number: | CM15-0094357 | | |
| Date Assigned: | 05/20/2015 | Date of Injury: | 11/30/2009 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 05/06/2015 |
| Priority: | Standard | Application Received: | 05/15/2015 |

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: New Jersey, Alabama, 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 58 year old male, who sustained an industrial injury on 11/30/2009. He reported developing back pain. He is status post lumbar decompression in 2012, right shoulder surgery in 2006 and carpal tunnel surgery in 2005. Diagnoses include status post lumbar surgery with worsening symptoms, rule out cauda equine syndrome, tremors in lower extremities to be further determined, cervical sprain/strain with cervical disc disease, psychological factors affecting the physical condition, and chronic pain. Treatments to date include medication therapy, physical therapy, chiropractic treatments, TENS unit, and psychotherapy. Currently, he complained of persistent low back pain with radiation to lower extremities associated with tingling, numbness, and weakness. He complained of intermittent neck and mid back pain with intermittent headache. He also complained of clonus like shaking of the lower extremity with recurrence of back and lower extremity pain. On 4/15/15, the physical examination documented tenderness in the lower back with right lumbar facet tenderness with painful movement. There was decreased sensation in right L5-S1 regions. The gait was documented to be favoring the right side with a walker. The plan of care included Flexeril 7.5mg tablets #30 and Ultracin Topical Cream #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg #30: Upheld

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

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

Decision rationale: According to MTUS guidelines, Flexeril, 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. In this case, the patient has been suffering from chronic back pain and there is no recent evidence of pain flare or spasm and the prolonged use of Flexeril is not justified. Therefore, the request for Flexeril 7.5mg #30 is not medically necessary.

Ultracin topical cream #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Section Page(s): 126.

Decision rationale: Ultracin is formed by methyl salicylate, mentol and capsaicin. According to MTUS, salicylate topicals is recommended and is better than placebo. There are no strong controlled studies supporting the efficacy of Ultracin. Furthermore, It is not clear from the records that the patient failed oral first line therapies such as anti-convulsant or developed unacceptable adverse reactions from the use of these medications. Therefore, Ultracin is not medically necessary.