

Case Number:	CM14-0144261		
Date Assigned:	09/12/2014	Date of Injury:	07/29/2002
Decision Date:	10/06/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 59 year old male presenting with chronic pain following a work related injury on 07/29/2002. The claimant reported back pain. The claimant is status post lumbar discectomy in 2005. On 07/16/2014, the claimant's physical exam showed tenderness of the lumbar spine, back pain with radiation to the lower extremities and paravertebral muscle spasms. The claimant was diagnosed with lumbar disc disease and hypertension. The claimant medications included Tramadol, Vicodin, Flexeril, Lidoderm patches, Colace and Voltaren Gel. According to the medical records, the claimant is permanently disabled. A claim was made for Flexeril and Voltaren.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90 between 8/6/2014 and 9/21/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: Flexeril 10mg #90 between 8/6/2014 and 9/21/2014 is not medically necessary for the client's chronic medical condition. The peer-reviewed medical literature does

not support long-term use of cyclobenzaprine in chronic pain management. Additionally, per California Medical Treatment Utilization Schedule (MTUS) Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001). As per California MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.

Voltaren 1% gel 100gm #5 between 8/6/2014 and 9/21/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-112.

Decision rationale: Voltaren Gel 1% per report dated 03/06/2014 #1 is not medically necessary. According to California Medical Treatment Utilization Schedule (MTUS), 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per California MTUS page 111 states that topical analgesics such as Diclofenac, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore compounded topical cream is not medically necessary.