

Case Number:	CM14-0148270		
Date Assigned:	09/18/2014	Date of Injury:	07/05/2011
Decision Date:	10/23/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/11/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 injured worker is a 47-year-old female who reported an injury on 07/05/2011. The mechanism of injury was not submitted for review. The injured worker has diagnoses of disc degeneration not otherwise specified, mood disorder, and spinal lumbar degenerative disc disease. Physical medical treatment consists of physical therapy, medial branch blocks, epidural steroid injections, cognitive behavioral therapy, and medication therapy. Medications include Flector 1.3% patch, cyclobenzaprine, Norco, trazodone, Ativan, Cymbalta 30 mg, Cymbalta 60 mg, and Wellbutrin. Drug screen submitted on 04/22/2014 revealed that the injured worker was in compliance with medication prescriptions. On 09/16/2014, the injured worker complained of low back pain. Physical examination had noted that the injured worker had a pain rate of 6/10 without medications. It was also noted during examination that the injured worker had straight leg raising test positive on the left side. Motor examination of the injured worker revealed normal tone, power, and nutrition of the muscles. On sensory examination light touch sensation was decreased over the medial foot on the left side. The medical treatment plan is for the injured worker to continue the use of medication therapy. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg, QTY: 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle relaxants.

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

Decision rationale: The request for Cyclobenzaprine 10mg, QTY: 20 is not medically necessary. The California MTUS Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. In the submitted documentation it was indicated that the injured worker had been on this medication since at least 05/2014, exceeding the recommended guidelines for short term use. Additionally, the submitted documentation did not indicate the efficacy of the medication to warrant continuation of the medication. Furthermore, there was no evidence showing that the cyclobenzaprine was helping with any functional deficits the injured worker might have had. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.

Flector 1.3% patch QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Flector® patch (diclofenac epolamine).

Decision rationale: The request for Flector 1.3% patch QTY: 60 is not medically necessary. According to the ODG, Flector patches are not recommended as a first line treatment. In 12/2009, the FDA issued warnings about the potential for elevation and liver function tests during treatment with all products containing diclofenac. These types of medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. In addition, there is no data that substantiates Flector efficacy beyond 2 weeks. As Flector patches are not recommended by the Official Disability Guidelines, the Flector patches would not be indicated. Additionally, the request as submitted did not indicate a frequency or duration of the medication. Furthermore, the provider did not provide a rationale for the medication's continuation. As such, the request is not medically necessary.