

Case Number:	CM13-0009205		
Date Assigned:	10/11/2013	Date of Injury:	01/23/2013
Decision Date:	08/25/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	08/09/2013

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 Occupational Medicine 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 patient is a 59-year-old male with date of injury 07/26/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/27/2013, lists subjective complaints as pain in the low back and right knee. PR-2 provided for review was handwritten and illegible. Objective findings revealed examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles, muscle guarding and spasm. Examination of the right knee revealed joint tenderness and stiffness. Diagnoses include herniated nucleus pulposus, lumbar spine; and status post right knee musculoligamentous injury. The medical records supplied for review were insufficient to document whether this patient has taken the following medications farther back than the request for authorization 06/27/2013. Medications under dispute are Voltaren 100mg, #60 directed (SIG): 1 tablet two times per day (BID) for inflammation; Flexeril 7.5mg, #90 as directed (SIG): 1 tablet once a day (OD) or every night as needed (QHS PRN) for muscle spasm; and Dendracin Lotion 120ml directed (SIG): apply to affected areas two times per day (BID) to minimize pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN 100MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, VOLTAREN Page(s): 70.

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), Diclofenac.

Decision rationale: Voltaren is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did Rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Therefore, the request is not medically necessary.

FLEXERIL 7.5MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 64.

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

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Therefore, the request is not medically necessary.

DENDRACIL LOTION 120ML: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE TOPICALS, TOPICAL ANALGESICS Page(s): 105, 111-112.

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

Decision rationale: Dendracin is Methyl Salicylate 30%, Capsaicin 0.025%, and Menthol USP 10%. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials for non-steroidal anti-inflammatory agents (NSAIDs) has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Therefore, the request is not medically necessary.