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| Case Number: | CM13-0040012 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 04/13/2012 |
| Decision Date: | 03/05/2014 | UR Denial Date: | 09/10/2013 |
| Priority: | Standard | Application Received: | 10/07/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 physician 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 32-year-old female who reported a work-related injury on 04/13/2012, mechanism of injury not specifically stated. The patient presents for treatment of the following diagnoses: cervical disc degeneration, fibromyalgia, and lumbosacral strain. The clinical note dated 08/13/2013 reports the patient was seen under the care of [REDACTED] for her chronic pain complaints. The provider documents the patient reports flare-ups of pain, but is trying to manage and pace her activity level. The provider documents the patient has attempted to increase her Zanaflex to help her with her pain, but found minimal relief from use of Zanaflex. Overall, the patient reports she is making progress, though she would like better control of her pain flares. The medication regimen included Lyrica 300 a day, Zanaflex 4 mg 3 times a day, Cymbalta 120 mg a day, and Duexis 1 tablet a day. Upon physical exam, the provider documented the patient remained stable. The patient presented with an antalgic gait with diffuse lumbar myofascial tenderness. The provider documented the patient was participating in a functional restoration program. The provider reported the patient would be prescribed Voltaren gel, as well as Lidoderm patches to assist with the patient's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel: Upheld

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

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

Decision rationale: The current request is not supported. The California MTUS indicates utilization of this medication is supported for relief of osteoarthritis, and pain in joints that lend themselves to topical treatment such as ankle, elbow, foot, hand, knee and wrists. This medication has not been evaluated for treatment of the spine, hip, or shoulder. The patient presents with lumbar spine pain complaints. Therefore, the request for Voltaren gel is not medically necessary or appropriate.

Zanaflex 4mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient stated Zanaflex was ineffective for her pain complaints. Given the lack of documented efficacy of treatment with the use of Zanaflex, as noted by a decrease in rate of pain on a VAS and increase in objective functionality, the request for Zanaflex 4 mg is not medically necessary or appropriate.

Duexis 800/26.2 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs Website

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The current request is not supported. Official Disability Guidelines indicate Duexis is not recommended as a first-line drug. With less benefit and higher cost, it would be difficult to justify utilizing Duexis as a first-line therapy. In addition, the clinical notes did not indicate the patient presented with any gastrointestinal complaints to support utilization of the specific medication. Given all the above, the request for Duexis 800/26.2 mg is not medically necessary or appropriate.