

Case Number:	CM13-0051379		
Date Assigned:	12/27/2013	Date of Injury:	07/14/1998
Decision Date:	12/16/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/14/2013

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 Orthopedic Surgery 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:

This 53-year-old female food prep worker sustained an industrial injury on 7/14/1998, relative to a slip and fall. The patient was under pain management care for a diagnosis of failed back surgery syndrome and sacroiliitis. Records documented the use of Voltaren gel since at least 1/3/13 with no documentation of any specific benefit. The 10/30/13 treating physician report indicated that the patient was doing worse and was unable to get her pain under control. She had a recent death in the family. She was taking 8 Dilaudid a day and was out of medications early due to an authorized increase in dosage. There were no changes reported since last visit. Functional assessment documented sitting, standing and walking tolerances of 15 minutes. Sleep was disturbed secondary to pain. The patient was independent in activities of daily living, did not use assistive devices, and drove herself. Physical exam documented the patient to be alert, oriented, and cogent, speech was clear and unimpaired by medications. She had baseline grooming and was calm and cooperative. Gait was slow. Anxiety was noted. The treatment plan recommended a trial of Flexeril 10 mg at bedtime #30, refill Dilaudid #240, refill Voltaren gel, and return to clinic in 4 weeks. The 11/18/13 utilization review denied the request for Flexeril as there was no clinical evidence of spasticity and there was no documentation of significant functional benefit to the use of muscle relaxants. The request for Voltaren gel was denied as there was no evidence of well demarcated neuropathic pain that failed the gamut of readily available oral anti-depressants, antiepileptic agents, or anti-inflammatories to support the medical necessity of a topical agent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Flexeril 10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants (for pain) Page(s): 41-42, 63-65.

Decision rationale: The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic lower back pain. Flexeril is not recommended to be used for longer than 2 to 3 weeks. Guideline criteria have not been met. There is no current physical exam evidence of muscle spasms. Sleep difficulties have been documented relative to pain. Flexeril was prescribed for use at bedtime for 30 days. This prescription exceeds guideline recommendations for use limited to 3 weeks or less. Given the absence of guideline support for the prescribed use, this request is not medically necessary.

Voltaren 1% gel, 100 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The California MTUS states that topical Voltaren is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). Guidelines state that it has not been evaluated for treatment of the spine. In general, topical NSAIDs (non-steroidal anti-inflammatory drugs) are not recommended for neuropathic pain as there is no evidence to support use. Guideline criteria have not been met. The patient's main complaints are low back pain with occasional radicular lower extremity pain. Use of this topical gel in the back is not supported by guidelines. Use of topical NSAIDs is not recommended for neuropathic pain. Use of this topical agent is documented since at least 1/3/13 with no documentation of subjective or functional benefit. There is no compelling rationale presented to support the medical necessity of this topical agent in the absence of guideline support for use. Therefore, this request is not medically necessary.