

Case Number:	CM13-0062447		
Date Assigned:	12/30/2013	Date of Injury:	06/16/2010
Decision Date:	07/18/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 50-year-old male with a reported date of injury on 06/16/2010. The mechanism of injury was noted to be due to a slip and fall. His diagnoses were noted to include long-term use of medications, lumbosacral spondylosis-status post lumbar facet radiofrequency ablation, pain in the lower leg, pain in joint of the lower leg, status post arthroscopy x2 to the right knee, medial and lateral meniscectomy, and chondroplasty. His previous treatments were noted to include radiofrequency ablation, corticosteroid injections to the knee, Functional Restoration Program, home exercise program, and medications. The progress note dated 04/29/2014 reported the injured worker complained of chronic low back and right knee pain. The injured worker reported the medications helped to reduce pain for better function and his pain level remained 7/10 to 8/10 without medication and with medication his pain level reduced to 3/10. The progress report dated 05/13/2014 reported the injured worker had range of motion to the lumbar spine of flexion of approximately 70 degrees, extension 10 degrees, and there was positive facet loading on the right side and only slightly on the left. The provider reported palpation of the lumbosacral junction and paravertebral muscles in the lumbar region were mildly tender. The injured worker's medications were listed as Lodine 200 mg 1 daily, Kadian ER 50 mg 1 twice daily, diclofenac sodium 60 grams cream apply to affected area 3 times a day, mirtazapine 50 mg 1 tablet at bedtime, Protonix 20 mg 1 daily for stomach pain, tramadol/APAP 37.5/325 mg 1 every 8 hours as needed for pain, Venlafaxine hydrochloride 37.5 mg 2 tablets twice a day, cyclobenzaprine 7.5 mg 1 tablet twice a day for muscle relaxant, and Albuterol inhaler 90 mcg as needed. The request of authorization form dated 10/28/2013 for cyclobenzaprine 7.5 mg #90 1 tablet twice a day for muscle relaxant and diclofenac sodium 60 grams apply to area 3 times a day for anti-inflammation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE-FLEXERIL 7 5 MG #90: Upheld

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

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

Decision rationale: The request for cyclobenzaprine (Flexeril) 7.5 mg #90 is not medically necessary. The injured worker has been taking this medication since 10/2013. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in injured workers with chronic low back pain. The guidelines state muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases they show no benefit beyond NSAIDs in pain and overall improvement. The guidelines also state efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. The injured worker has been on this medication since 10/2013 and there is not enough documentation regarding muscle spasms to warrant this medication. The guidelines state efficacy appears to diminish over time, muscle relaxants are recommended as a second-line option for short-term acute exacerbations, and there is lack of documentation regarding first-line treatment given. Additionally, the request did not provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

DICLOFENAC SODIUM 1.5% 60 MG CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 114, 116.

Decision rationale: The request for diclofenac sodium 1.5% 60 mg cream is non-certified. The injured worker has been taking this medication since 10/2013. The guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the guidelines, the efficacy in clinical trials for topical 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 over the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12

weeks. In this study, the effect appears to diminish over time and was stated that further research that was required to determine if results were similar for all preparations. The guidelines indicate diclofenac gel is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for the treatment of spine, hip, or shoulder. The guidelines also recommend Voltaren gel at 1% formulation. The request is for diclofenac sodium 1.5% which exceeds the guideline recommendation of 1%. The injured worker does not have a diagnosis consistent with osteoarthritis and the guidelines state that the effect of topical analgesics does diminish over time and the injured worker has been on this medication for over 6 months. Therefore, the request is non-certified.