

Case Number:	CM13-0064971		
Date Assigned:	01/03/2014	Date of Injury:	06/29/2000
Decision Date:	08/12/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/12/2013

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 Nevada. 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 54-year-old male who was reportedly injured on June 29, 2000. The mechanism of injury was falling 12 feet off a deck. The most recent progress note dated November 1, 2013, indicated that there were ongoing complaints of low back pain. The injured employee was stated to have had a recent magnetic resonance image of the lumbar spine for which the results are pending. Current medications include Norco, Norflex and Relafen. The physical examination on this date noted trigger points at the lumbar spine and asymmetrical gait. There was a normal lower extremity neurological examination. X-rays of the lumbar spine from July 17, 2013 noted mild decreased lordotic curve at L4-L5 and evidence of old hardware removed. A request had been made for Arthricream, diclofenac, hydrocodone and tizanidine and was not certified in the pre-authorization process on November 13, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHRICREAM 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111 OF 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine or capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, this request for Arthricream is not medically necessary.

DICLOFENAC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 22 OF 127.

Decision rationale: Diclofenac is a nonselective non-steroidal anti-inflammatory drug (NSAID) not recommended for first-line use due to its increased risk profile. Evidence-based studies are available evidencing that diclofenac poses equivalent risk of cardiovascular events to patients as did Vioxx (a COX-2 inhibitor that was taken off the market due to these effects). For this reason, it is recommended that providers avoid diclofenac as a first-line nonsteroidal anti-inflammatory medication. There was no indication in the record that the injured employee has failed a course of first-line NSAID medications. In the absence of such documentation, recommendation is made for an alternate NSAID. Therefore, this request for Diclofenac is not medically necessary.

HYDROCODONE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78 OF 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short-acting opioid combined with acetaminophen. California Medical Treatment Utilization Schedule supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Hydrocodone is not medically necessary.

TIZANIDINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Anti-Spasticity /Anti-spasmodic drugs Page(s): 66 OF 127.

Decision rationale: Tizanidine is a centrally acting alpha2-adrenergic agonist that is Food and Drug Administration approved for management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as 2nd line options for short-term treatment for acute exacerbations of chronic low back pain. It appears that this medication was being used on a chronic basis which is against the guideline recommendations. Therefore, this request for Tizanidine is not medically necessary.