

Case Number:	CM14-0003868		
Date Assigned:	02/03/2014	Date of Injury:	07/16/2007
Decision Date:	06/19/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 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 60 year old male injured on 07/16/07 due to undisclosed mechanism of injury. Current diagnoses included low back pain, lumbar herniated disc pulposus at L3-4 and L4-5, and left lower extremity radicular pain and foot drop with prolonged walking. The injured worker complained of symptomatic low back and lower extremities pain benefiting from lumbar epidural steroid injection on 08/27/12. The injured worker also received benefit from current medicine regimen consisting of Nucynta ER 200mg BID, Norco 10/325mg BID, Neurontin 600mg TID, and Flexeril 7.5mg QHS. Physical examination revealed tenderness and mild spasm in the bilateral paralumbar musculature and restricted range of motion. The letter of appeal dated 10/22/13 indicated the injured worker received 65% improvement following epidural steroid injection on 09/09/13. The injured worker was attempting to return to work and exercise activity through physical therapy. The documentation indicated increased activity caused increased pain especially towards the end of the exercises or a long day. Medication continued to be available for the injured worker for breakthrough pain to encourage him to continue to exercise and return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

VOLTAREN GEL 4MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CA MTUS GUIDELINES- TOPICAL ANALGESICS, ,

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

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Voltaren gel is indicated for 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 treatment of the spine, hip or shoulder. In addition, there is no evidence within the medical records submitted that substantiates the necessity of a transdermal versus oral route of administration. Therefore, Voltaren gel 4mg cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.

FLEXERIL 7.5MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Flexeril 7.5mg, #30 cannot be established at this time.