

Case Number:	CM14-0007158		
Date Assigned:	02/07/2014	Date of Injury:	10/27/2005
Decision Date:	06/23/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/20/2014

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 Management 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:

The patient is a 38-year-old male who has submitted a claim for neuritis, neuralgia, radiculitis; and lumbago, associated from an industrial injury date of 10/27/2005. The medical records from 03/21/2013 to 01/24/2014 were reviewed showing that the patient complained of constant burning, shooting, sharp, throbbing low back pain, graded 4-6/10, radiating to his left leg and foot, worst in the mornings, associated with numbness and weakness in the lower extremities. The pain is aggravated by lying down, standing, walking coughing and sneezing; and relieved by the intake of medications. He is able to ambulate using a cane, and can walk two to three (2-3) blocks and sit for fifteen (15) minutes before the pain begins. He is not able to go to work, socialize with friends, perform household chores, participate in recreational activities, do yard work or exercise. The physical examination showed pain on minimal cervical compression and simulated rotation. There was no limitation of lumbar spine motion, with tight muscle band in the left paravertebral muscles. The reflexes were equal and symmetric. The Babinski's sign and straight leg raise test were negative, with positive Waddell signs, 3/5. The treatment to date has included diclofenac, Flexeril, Vicodin, Norco, nerve block injections, physical therapy, exercise, TENS, heat treatment, and cold treatment. The utilization review from 01/09/2014 denied the request for diclofenac due to lack of documentation regarding the patient's intolerance to alternative and safer non-steroidal anti-inflammatory drugs (NSAIDs) to substantiate the request for a riskier NSAID such as diclofenac; modified the request for Vicodin due to incongruence of submitted reports regarding which opioid the patient is currently taking, and due to negative recommendations against long-term use of opioids; and modified the request for Flexeril due to negative recommendations against its long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC SODIUM ER 100MG #30 WITH 1 REFILL: 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, DICLOFENAC SODIUM (VOLTAREN, VOLTAREN-XR),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES §§9792.20-9792.26 Page(s): 68.

Decision rationale: The Chronic Pain Guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as an option for short-term symptomatic relief. The Official Disability Guidelines do not recommend diclofenac as first line due to increased risk profile. Recent studies confirm that diclofenac increases the risk of cardiovascular (40%) and cerebrovascular events, and mortality. In this case, the patient reported pain relief upon intake of medications. However, he has been on diclofenac since 03/21/2013, and has been taking 100mg/tablet twice daily. Long-term use of NSAID is not recommended as stated by the guidelines above. Therefore, the request for diclofenac sodium extended-release (ER) 100 mg #30, with one (1) refill is not medically necessary.

VICODIN 5/500MG #150 WITH 1 REFILL: Overturned

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, HYDROCODONE (VICODIN, LORTAB),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES §§9792.20 - 9792.26 Page(s): 76-80, 91.

Decision rationale: The Chronic Pain Guidelines recommend Vicodin for moderate to moderately severe pain. The guidelines indicate that there should be documentation of the four (4) A's which include analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The continued use of opioids is warranted if the patient has gone back to work, and if there is improved functioning and pain control. In this case, the patient has been on Vicodin since 03/21/2013. The latest progress report, dated 01/02/2014, stated that the patient had increased functioning and increased activity associated with its use. The patient likewise has resumed working full time without restrictions. Therefore, the request for Vicodin 5/500mg #150, with one (1) refill is medically necessary.

FLEXERIL 10MG #60 WITH 1 REFILL: 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, MUSCLE RELAXANTS (FOR PAIN),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES §§9792.20-9792.26 Page(s): 41.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. The Chronic Pain Guidelines indicate that treatment using cyclobenzaprine should be used as a short course of therapy because the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first four (4) days of treatment. In this case, the patient reported pain relief upon the intake of medications. A recent physical examination still showed the presence of muscle spasm. However, he has been on cyclobenzaprine since 03/21/2013. Long-term use of this medication is not recommended as stated by the guidelines above. Therefore, the request for Flexeril 10mg #60, with one (1) refill is not medically necessary.