

Case Number:	CM14-0111199		
Date Assigned:	08/01/2014	Date of Injury:	09/06/2012
Decision Date:	10/17/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/16/2014

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 50 year old male who had a work-related injury on 09/06/12. The mechanism of injury was not documented. The most recent medical record submitted for review was dated 07/10/14, at that time the injured worker presented with low back pain which was chronic. He continued with home exercise program and learned coping skills. He also stated he learned his boundary with aggravating his pain. He has learned to avoid the activities that make his pain worse. With medication, he had 50% pain reduction and was able to perform activities of daily living. He is able to help out with dishes and cleaning. He also reported that the Diclofenac cream had been essentially helpful with his low back pain. It allowed him to utilize less Norco and was only utilizing 2 per day. He was not working at this time. He reported GI disorders. Physical examination revealed well-developed, well-groomed, well-nourished male in no acute distress. His mood and affect were appropriate. He was alert and oriented times 3. His gait was grossly normal and nonantalgic. He ambulated into the room without any systems. Prior utilization review on 06/18/14 was non-certified. Current request is for Norflex ER 100mg #90 and Diclofenac sodium 1.5% 60g cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Orphenadrine-Norflex ER 100 MG Quantity 90 (DOS 4/15/14):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Muscle relaxants (for pain) Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are 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 this medication cannot be established at this time. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. The request is not medically necessary.

Retrospective request for Diclofenac Sodium 1.5%, 60 Grams, apply 3x day to affected area (DOS 4/15/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel (diclofenac) Page(s): 112.

Decision rationale: As noted on page 112 of the Chronic Pain Medical Treatment Guidelines, Voltaren Gel (diclofenac) is not recommended as a first-line treatment. Diclofenac is recommended for osteoarthritis after failure of an oral NSAID, contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations. According to FDA MedWatch, post-marketing surveillance of diclofenac has reported cases of severe hepatic reactions, including liver necrosis, jaundice, fulminant hepatitis with and without jaundice, and liver failure. With the lack of data to support superiority of diclofenac over other NSAIDs and the possible increased hepatic and cardiovascular risk associated with its use, alternative analgesics and/or non-pharmacological therapy should be considered. As such the request for this medication is not medically necessary.