

Case Number:	CM14-0126492		
Date Assigned:	08/13/2014	Date of Injury:	10/15/1996
Decision Date:	09/18/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/10/2014

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 and Pain Medicine, and is licensed to practice in Florida. 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 76-year-old female who reported an injury on 10/15/1996. The mechanism of injury was not provided within the medical records. The clinical note dated 06/30/2014 indicated diagnoses of lumbar disc degeneration, lumbar radiculopathy, bilateral foot pain, peripheral neuropathy, obstructive sleep apnea. The injured worker reported pain to the low back that radiated down the bilateral lower extremity and was aggravated by activity and walking; worsening bilateral lower extremity swelling; the injured worker reported her pain was 5/10 with medications and 9/10 without medications. The injured worker reported activities of daily living were limited with activity, ambulation, and sleep. On physical examination of the lower extremity, there was lower extremity swelling that was unchanged with Lasix. The injured worker reported Benadryl ointment helped with symptoms. The injured worker reported that the use of opiate pain medication was helpful. The injured worker reported she was not sure how long it took to lessen the pain relief, but pain relief from medication dose lasts for 6 hours. The physical examination of the lumbar spine revealed tenderness upon palpation of the spinal vertebral area L4-S1 levels. Range of motion of the lumbar spine was moderately limited secondary to pain, with significant pain, with significant increased flexion and extension. The injured worker's treatment plan included followup in 2 weeks and followup for intrathecal pump alarm. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Voltaren gel, Tizanidine, and Benadryl. The provider submitted a request for Voltaren gel, Tizanidine, and Benadryl. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% 200gm: Upheld

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

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

Decision rationale: The request for Voltaren Gel 1% 200 gm is not medically necessary. The California MTUS guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Voltaren 1% (Diclofenac) is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment. It is not indicated how long the injured worker had been utilizing this medication; however, there was a lack of functional improvement with the use of this medication. The injured worker reported activities of daily living were still limited to activity, ambulation, and sleep. In addition, the request does not indicate a frequency or quantity for the Voltaren. There is no indication that the use of Voltaren has resulted in diminished pain or functional improvement. Therefore, the request is not medically necessary.

Tizanidine 2mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: The request for Tizanidine 2 mg #90 is not medically necessary. The California MTUS guidelines recognize Zanaflex as a centrally acting alpha2-adrenergic agonist muscle relaxant that is FDA approved for management of spasticity; unlabeled use for low back pain. It was not indicated how long the injured worker had been utilizing this medication. In addition, the documentation submitted did not indicate the injured worker had findings that would support she was at risk for acute exacerbations or muscle spasms; moreover, there is a lack of documentation of functional improvement with the use of this medication. Furthermore, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Benadryl Cream 1 tube: Upheld

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

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

Decision rationale: The request for Benadryl cream 1 tube is not medically necessary. The California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical analgesics are largely experimental in use. In addition, it was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. Moreover, it was not indicated how long the injured worker had been utilizing this cream. Additionally, the provider did not indicate a rationale for the request. Furthermore, the request does not indicate a frequency or dosage. Therefore, the request is not medically necessary.