

Case Number:	CM14-0166116		
Date Assigned:	10/13/2014	Date of Injury:	12/10/2013
Decision Date:	11/21/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/08/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 38 year old male who was injured on 12/10/13. He was diagnosed with low back pain and lumbar intervertebral disc without myelopathy. He was treated with topical NSAIDs, oral NSAIDs, muscle relaxants, physical therapy, and acupuncture. On 8/29/14, the worker was seen by his treating physician complaining of his persistent low back pain with radiation to both lower extremities involving some numbness in legs. His pain was rated at 4/10 on the pain scale with rare higher pain levels reported in the recent past. He reported being able to perform regular daily living activities and less pain flares. He also reported doing exercise program while completing his physical therapy sessions, which he had almost finished. He also reported taking naproxen, which decreased his pain by 50% when used without side effects. He also reported taking Zanaflex which also decreased his pain by 50% without side effects. Also, the Voltaren gel used was reported to reduce his pain by 40% when used. He was then recommended to continue his previously prescribed medications including Voltaren, Zanaflex, and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg 1 tablet BID PO #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, he had been using naproxen for many months with some reported reduction in his pain levels. It is not clear, however, how the naproxen improved the worker's function when used, as it was not included in the documentation as required for justifying continuation. Also, NSAIDs such as naproxen are not recommended to be continued chronically as such due to the risks associated with this. Therefore, the Naproxen is not medically necessary to continue.

Tizanidine 4mg 1 cap qHS PRN PO #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, although he had reported tizanidine providing some pain-reducing benefit as reported to his provider, using this medication chronically as he had been using it is not recommended. Also, there was no specific documentation revealing how tizanidine improved his function, which is required for consideration of this case as an exception to the MTUS Guidelines. Therefore, the tizanidine is not recommended nor is it medically necessary to continue in this case.

Voltaren 1% topical gel 100 grams tube #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical NSAIDs, specifically, have some data to suggest it is helpful for

osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (Diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photo contact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, he had been using Voltaren for his low back pain, which is not an approved use for Voltaren or any other topical NSAID. Also, there was no documentation that showed functional improvement directly related to the Voltaren use, although there was a report of pain reduction. Overall, however, in this case, the Voltaren is not appropriate or medically necessary to continue.