MAXIMUS Federal Services

Case Number:	CM14-0022615		
Date Assigned:	06/27/2014	Date of Injury:	09/20/2004
Decision Date:	08/21/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/24/2014

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 Neurology, has a subspecialty in Neuromuscular 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 patient is a 56-year-old woman who sustained a work-related injury on September 20, 2004. Subsequently, she developed back and right lower leg pain. According to the progress report dated April 3, 2014, the patient has been complaining of back pain, joint pain, joint stiffness, morning stiffness, limb numbness, and tingling and legs burning. Her pain severity was rated between 4 and 8/10. Her physical examination showed tenderness at the paracervical muscles, paravertebral muscles, rhomboids, and trapezius with limited range of motion. Straight leg raising test was positive on the right side. On manual muscle testing, strength of hip extensors was 3/5 on right, hip abduction 3/5 on right, knee flexors 3/5 on right, knee extensors 4/5 on right, ankle dorsiflexors 4/5 on right, ankle plantar flexors 3/5 on right, and EHL 4/5 on right. Light touch sensation was decreased over medial foot. The patient reported frequent flare ups in her low back which her current pain regime controls the pain well. She uses Voltaren gel for her low back pain. She stated that the gel provides more than 50% pain relief of her low back pain and allows her to use less oral medications, including fewer narcotics. Her medications included Norco, Lexapro, Ultram, Flexeril, Protonix, and Zyrtec. The provider requested authorization for the use of Flexeril, Voltaren Gel, and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Voltaren gel 1%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (page 111), NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: Voltaren Gel (Diclofenac) is a non-steroidal anti-inflammatory drug (NSAID). According to the MTUS guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined with other pain medications for pain control and there is limited research to support the use of many of these agents. Furthermore, according to the MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Diclofenac is used for osteoarthritis pain of wrist, ankle and elbow and there is no strong evidence for its use for spine pain such as cervical spine pain and shoulder pain. Although, the patient reported some pain relief with Voltaren, there is no documentation of functional improvement. Therefore request for Voltaren Gel is not medically necessary.

Prescription for Flexeril 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the MTUS guidelines, Flexeril, a non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Effectiveness appears to diminish over time and prolonged use may cause dependence. In this case, Flexeril has been used since at least March 2013 which, without clear documentation of efficacy, exceeds the guideline recommendation. The patient continues to have spasms despite the use of Flexeril, which indicates a lack of treatment efficacy. Therefore, the request for authorization of Flexeril 10 mg is not medically necessary.

Prescription for Protonix 40mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

Decision rationale: According to MTUS guidelines, Protonix is indicated when non-steroidal anti-inflammatory drug (NSAID) are used in patients with intermediate or high risk for gastrointestinal events. The risks for gastrointestinal events are: age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an

anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient is at an increased risk of gastrointestinal bleeding. Therefore, the prescription of Protonix 40mg is not medically necessary.