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| Case Number: | CM14-0052635 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 06/17/2004 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 04/10/2014 |
| Priority: | Standard | Application Received: | 04/21/2014 |

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 58 year-old male who was reportedly injured on 6/17/2004. The mechanism of injury is not listed in these records sent for review. The most recent progress note dated 6/30/2014, indicates that there are ongoing complaints of low back pain, right knee pain and right ankle pain. Physical examination demonstrated tenderness and spasm to lumbar paravertebral muscles; lumbar range of motion: flexion 60, and extension 10; positive right straight leg raise test; tenderness to the thumb, index and middle fingers with swelling over the snuff box; tenderness to right knee medial jointline with restricted extension with an effusion; tenderness to right Achilles tendon with ankle swelling; patient able to bear relief on right ankle with pain; deformity/swelling of right foot with restricted range motion due to pain; tenderness to talus/navicular; motor strength: right extensor hallucis longus and dorsiflexion 5-/5, right plantar flexion 4/5; decrease sensation to right lateral calf. Plain radiographs of the right ankle dated 6/30/2014 demonstrated questionable small stress fracture of inferior calcaneus and arthritic changes. Diagnosis: low back pain, pain in joint lower leg, foot pain and hand pain. Previous medications to include Nexium, Flexeril, Silenor, Topamax, Voltaren topical gel 1%, Lidoderm patch 5%, Norco, Pennsaid solution 2% and Motrin. A request was made for Cyclobenzaprine HCL 10mg #30, Nexium 40mg #30 with 5 refills; Hydrocodone 10/325 mg #60 with 1 refill and Voltaren gel 1% #100grams X3 with one refill, in a utilization review on 4/10/2014. A partial certification was granted for Hydrocodone #60 with 1 refill; however, a non-certification was given for Cyclobenzaprine, Nexium, Hydrocodone and Voltaren Gel 1%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCl 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

Decision rationale: California Medical Treatment Utilization Schedule Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the injured worker's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

Nexium 40MG #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton-pump inhibitors for patients taking NSAID's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 68.

Decision rationale: California Medical Treatment Utilization Schedule Guidelines support proton pump inhibitors for patients taking non-steroidal anti-inflammatory drugs with documented gastrointestinal distress symptoms, which are not documented in this patient. Therefore, based on the currently available information, the medical necessity for this gastrointestinal protective medication has not been established, and therefore is considered not medically necessary.

Hydrocodone and Voltaren gel 1% #100 gm tube x3 (30 days supply) with 1 refill.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78 and 111-112.

Decision rationale: California Medical Treatment Utilization Schedule Guidelines support Voltaren gel for the treatment of osteoarthritis pain in the ankle, elbow, foot, hand, knee and wrist joints; however, there is no clinical indication for spine, hip or shoulder pain. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Treatment guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". As such, this request is not considered medically necessary.

