

Case Number:	CM14-0068448		
Date Assigned:	07/14/2014	Date of Injury:	08/22/2012
Decision Date:	09/10/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/13/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 55-year-old female who reported an injury due to repetitive motion trauma on 08/22/2012. On 02/24/2014, her diagnoses included sprain of the lumbar region. Her complaints included increasing lower back and leg pain. The physical examination revealed tenderness with decreasing range of motion to the lumbosacral spine with spasms and decreasing sensation at L4-5. Her medications included Flexeril 7.5 mg, Protonix 20 mg, Voltaren XR 100 mg and Terocin lotion. There was no rationale included in this injured worker's chart. A Request for Authorization dated 03/06/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #90: 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 muscle relaxants Page(s): 63-66.

Decision rationale: The request for Flexeril 7.5 mg #90 is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back

pain. In most low back pain cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Decisions are based on evidence based criteria. Muscle relaxants are supported only for short term use. Chronic use would not be supported by the guidelines. Flexeril per se is recommended for a short course of therapy. Limited mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. The documentation submitted reveals that this injured worker has been using Flexeril since 02/24/2014 which exceeds the recommendation of 2 to 3 weeks in the guidelines. Additionally, there is no frequency of administration included with the request. Therefore, this request for Flexeril 7.5mg #90 is not medically necessary.

Protonix 20mg #60 times two (2): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Protonix 20 mg #60 times 2 is not medically necessary. Per the California MTUS Guidelines, proton pump inhibitors, which includes Protonix, may be recommended but clinicians should weigh the indications for NSAIDs against GI risk factors. Factors determining if the patient is at risk for gastrointestinal events, include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or anticoagulants, or high dose/multiple NSAID use. The injured worker does not meet any of the qualifying criteria for risk factors for gastrointestinal events. Additionally, the request does not specify frequency of administration. Therefore, this request for Protonix 20 mg #60 times 2 is not medically necessary.

Voltaren XR 100mg #60 times two (2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Diclofenac.

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

Decision rationale: The request for Voltaren XR 100mg #60 times 2 is not medically necessary. The California MTUS Guidelines recommend that NSAIDs be used at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. NSAIDs are recommended as an option for short term symptomatic relief for chronic low back pain. Literature reviewed suggested that NSAIDs were no more

effective than other drugs, such as acetaminophen, narcotic analgesics, and muscle relaxants for the relief of chronic low back pain. The documentation submitted reveals that this injured worker has been taking Voltaren XR since 02/24/2014. This exceeds the recommendations in the guidelines for the shortest period of time necessary to relieve symptoms. Additionally, the request did not include frequency of administration. Therefore, this request for Voltaren XR 100 mg #60 times 2 is not medically necessary.

Menthoderm 120mg #1 times two (2): Upheld

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

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

Decision rationale: The request for Menthoderm 120 mg #1 times 2 is not medically necessary. The California MTUS Guidelines refers to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Menthoderm contains methyl salicylate which has not been evaluated by the FDA for topical use. Additionally, the request did not specify a body part or parts to which the Menthoderm was to have been applied, nor did it specify frequency of application, Therefore, this request for Menthoderm 120 mg #1 times 2 is not medically necessary.