

Case Number:	CM14-0082110		
Date Assigned:	07/18/2014	Date of Injury:	06/16/2010
Decision Date:	08/27/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/02/2014

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 Practice 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 50 year old male who was injured on 6/16/10. He was diagnosed with right knee meniscus tear with posttraumatic arthritis and strain, lumbar strain, lumbar disc disease and facet arthropathy, and chronic pain syndrome. He was treated with oral and topical analgesics and muscle relaxants, steroid injections to the knee and lumbar areas, facet block injections of the lumbar area, radiofrequency ablation, acupuncture, physical therapy, and surgery (right knee meniscectomy and chondroplasty). The worker was seen by his pain specialist on 4/17/14 for a medication refill on medications he had been using for many months including: Loline Cyclobenzaprine, Kadian, Diclofenac Cream, Mirtazapine, Pantoprazole, Tramadol/APAP, Venlafaxine, and Voltaren Gel, which were all refilled. Later on 4/29/14, he was seen by his pain specialist complaining of his usual chronic low back pain that radiates into his legs and right knee pain. He reported that the medications collectively help to reduce pain and better function, with his pain level rated at a 3/10 on the pain scale and 7-8/10 without medications. There was a plan to do an MRI of his lumbar spine, which was scheduled for later that day as a result of him reporting worsening symptoms over the last visits. Also, his medications were refilled again this time discontinuing the Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Cyclobenzaprine 7.5mg, QTY: 60 (DOS: 04/29/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42, 64.

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 exacerbation 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. The worker has been using this medication for longer than what would be considered short-term, which is not recommended. Therefore Cyclobenzaprine is not medically necessary.

RETRO: Cyclobenzaprine 7.5mg, QTY: 14 (DOS: 04/17/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42, 64.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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 exacerbation 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. The worker has been using this medication for longer than what would be considered short-term, which is not recommended. Therefore the Cyclobenzaprine is not medically necessary.

RETRO: Diclofenac Sodium 1.5% 60gm Cream, QTY: 1 (DOS: 04/29/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Agents Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Voltaren Gel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs pp. 67-73, Topical Analgesics Page(s): 111-113.

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. Topical NSAIDs such as Diclofenac has been approved for the treatment of osteoarthritis of the ankle, elbow, foot, hand,

knee, and wrist, but not the spine, hip, or shoulder. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms. In the case of this worker, he had been using this medication or similar topical NSAID chronically, which is not recommended for any NSAID, and has surpassed the short-term use window even if he noticed worsening over the prior months. Also, there is no record of him having the diagnosis of osteoarthritis. There is no clear documentation for which pain he uses it (knee or back or both), nor any specific evidence of this medication improving function and pain-relief, which is required in order to even consider continuation of its use. Therefore, the Diclofenac Cream is not medically necessary or appropriate to continue.

RETRO: Diclofenac Sodium 1.5% 60gm Cream, QTY: 2 (DOS: 04/17/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Topical Agents Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Voltaren Gel.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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. Topical NSAIDs such as Diclofenac has been approved for the treatment of osteoarthritis of the ankle, elbow, foot, hand, knee, and wrist, but not the spine, hip, or shoulder. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms. In the case of this worker, he had been using this medication or similar topical NSAID chronically, which is not recommended for any NSAID, and has surpassed the short-term use window even if he noticed worsening over the prior months. Also, there is no record of him having the diagnosis of osteoarthritis. Also, there is not clear documentation for which pain he uses it (knee or back or both), nor any specific evidence of this medication improving function and pain-relief, which is required in order to even consider continuation of its use. Therefore, the Diclofenac Cream is not medically necessary or appropriate to continue.