

Case Number:	CM14-0096480		
Date Assigned:	07/28/2014	Date of Injury:	06/28/2013
Decision Date:	09/09/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/24/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 39-year-old female who has submitted a claim for lumbar sprain and ankle/foot sprain associated with an industrial injury date of June 28, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of worsening constant, severe back and left ankle/foot pain. She was unable to walk without pain. Tingling persisted in the lower lumbar region. Physical examination showed positive straight leg raise; tenderness in the left lumbar region and spinous processes; limitation of motion of the lumbar spine; decreased sensation of the left ankle and foot than right side; tenderness at the top of the left foot; and swelling at lateral ankle. The diagnoses were lumbar sprain and left ankle/foot sprain. Treatment plan includes a request for Voltaren and Norflex refills. Treatment to date has included oral analgesics, muscle relaxants, physical therapy, TENS, and home exercises. Utilization review from June 10, 2014 denied the request for 1 prescription of Voltaren 75mg #60 due to apparent ineffectiveness of this medication; and unknown prescription of Norflex due to lack of efficacy of prior Flexeril intake.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription Voltaren 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009: NSAIDs (non-steroidal anti-inflammatory drugs), page 67 Page(s): 67.

Decision rationale: Page 67 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended as an option for chronic low back pain for short-term symptomatic relief, and as a second-line treatment after acetaminophen for acute exacerbations of chronic back pain. NSAIDs are no more effective than other drugs such as acetaminophen, and had more adverse effects than placebo and acetaminophen. In this case, Voltaren intake was noted since April 2014. However, there was no evidence of overall pain improvement and functional benefit from its use. The guideline does not support long-term use of this medication. Moreover, there was no documentation of trial and failure of acetaminophen to manage symptoms. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for 1 prescription Voltaren 75mg #60 is not medically necessary.

Unknown prescription of Norflex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norflex [see also individual meds]; Norflex (Banflex, Antiflex, Mio-Rel, Orphenate, Orphenadrine generic available) [Muscle relaxant].

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009: Muscle relaxants (for pain), pages 63-66 Page(s): 63-66.

Decision rationale: Pages 63-66 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, Norflex intake was noted since April 2014. However, there was no evidence of overall pain improvement and functional benefit from its use. Moreover, muscle spasms were not evident in the most recent physical examination findings. The guideline does not support long-term use of this medication. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. In addition, the request did not specify number of medication to dispense. Therefore, the request for Unknown prescription of Norflex is not medically necessary.