

Case Number:	CM14-0096595		
Date Assigned:	07/28/2014	Date of Injury:	03/07/2011
Decision Date:	03/27/2015	UR Denial Date:	05/23/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 58 year old male injured worker suffered and industrial injury on 3/7/2011. The diagnoses were sciatica, low back pain radiating to the left leg to the knee. The diagnostic studies were x-rays. The treatments were medications. The treating provider reported the pain as progressively worsening 8/10, sharp, aching, throbbing and cramping. The injured worker reported increased pain with motion and decreased sensation. The Utilization Review Determination on 5/23/2014 non-certified Flexeril 10mg #60 and Voltaren 100mg #60, citing ODG, MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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): 63.

Decision rationale: According to 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. Efficacy appears to diminish over time and prolonged use may cause dependence. Even though the patient reported worsening of low back pain with left sciatica, there is no recent documentation of muscle spasm. Therefore, the request for Flexeril 10mg QTY: 60 is not medically necessary.

Volteran 100mg, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs. Decision based on Non-MTUS Citation Official Disability Guidelines-Drug Formulary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 72.

Decision rationale: There is no documentation of the rational behind using Voltaren. NSAID should be used for the shortest duration and the lowest dose. There is no documentation from the patient file that the provider titrated Voltaren to the lowest effective dose and used it for the shortest period possible. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. There is no documentation that the patient have an inflammatory pain or any swelling. Therefore, the request for Voltaren 100mg #60 is not medically necessary.