

Case Number:	CM15-0002517		
Date Assigned:	01/13/2015	Date of Injury:	12/18/2013
Decision Date:	04/14/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/06/2015

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 York
 Certification(s)/Specialty: Internal 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 injured worker is a 50-year-old male with an industrial injury dated 12/18/2013. His diagnoses include mechanical low back pain, desiccation and slight collapse at the L4-L5, facet arthrosis with discogenic pain, herniated nucleus pulposus, and central canal and bilateral neural foramina at L4-L5 with desiccation. Recent diagnostic testing has included a MRI of the lumbar spine (01/28/2014) which showed straightening of the lumbar spine and desiccated disc. He has been treated with pain medications for unknown amounts of time. In a progress note dated 12/08/2014, the treating physician reports constant low back pain rated 4-5/10 that radiates to the lower extremity bilaterally, depression, anxiety, stress and insomnia, despite treatment. The injured worker reported that the pain had improved since the previous visit. The objective examination revealed tenderness and spasms to the lumbar spine, positive straight leg raises, decreased deep tendon reflexes and decreased sensation over the right L5 dermatome. The treating physician is requesting medications, which were denied by the utilization review. On 12/18/2014, Utilization Review non-certified a prescription for Voltaren XR 100mg, noting the increased risk and lack of data to support superiority over other non-steroid anti-inflammatory. The MTUS and ODG guidelines were cited. On 12/18/2014, Utilization Review non-certified a prescription for Flexeril 10mg, noting the lack of evidence to support exacerbation of chronic low back pain and the improvement reported in low back pain. The MTUS Guidelines were cited. On 12/18/2014, Utilization Review non-certified a prescription for Flurbiprofen 20% cream, noting the lack of documented evidence that standard oral medications are not tolerated or has failed. The MTUS Guidelines were cited. On 12/18/2014, Utilization Review non-

certified a prescription for Ketoprofen 20% and Ketamine 10% cream, noting the absence of FDA approval. The MTUS Guidelines were cited. On 12/18/2014, Utilization Review non-certified a prescription for Gabapentin 10%, cyclobenzaprine 10% capsaicin cream, noting the lack of intolerance to other treatments or failed response to other treatments. The MTUS Guidelines were cited. On 01/06/2015, the injured worker submitted an application for IMR for review of Voltaren XR 100mg, Flexeril 10mg, Flurbiprofen 20% cream, Ketoprofen 20% and Ketamine 10% cream, and Gabapentin 10%, cyclobenzaprine 10% capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100 MG: Upheld

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

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

Decision rationale: Per MTUS guideline, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. Documentation reveals that the injured worker complaints of radicular low back with no significant improvement in function. Furthermore, physician reports indicate that the injured worker reports medication side effects of nausea and heartburn. The long-term use of NSAIDs for this injured worker is not appropriate as it may pose a risk of gastrointestinal events. With MTUS guidelines not being met, the request for Voltaren XR 100 MG is not medically necessary.

Flexeril 10 MG: Upheld

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

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

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Prolonged use can lead to dependence. Documentation fails to indicate acute exacerbation or significant improvement in the injured

worker's pain or functional status to justify continued use of Flexeril 10 MG. The request for Flexeril 10 MG is not medically necessary per MTUS guidelines.

Flurbiprofen 20 Percent Cream: Upheld

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

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

Decision rationale: MTUS states that topical NSAIDs may be useful for the treatment of chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The injured worker's diagnoses include mechanical low back pain, facet arthrosis with discogenic pain, herniated nucleus pulposus, and central canal and bilateral neural foramina at L4-L5 with desiccation. The request for Flurbiprofen 20 Percent Cream is not medically necessary by MTUS.

Ketoprofen 20 Percent/Ketamine 10 Percent Cream: Upheld

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

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

Decision rationale: MTUS states that topical NSAIDs may be useful for the treatment of chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Ketoprofen is not currently FDA approved for a topical application. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Ketoprofen 20 Percent/Ketamine 10 Percent Cream is not medically necessary by MTUS.

Gabapentin 10 Percent Cyclobenzaprine 10 Percent Capsaicin Cream: Upheld

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

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

Decision rationale: MTUS states that use of topical analgesics is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per guidelines,

the use of Gabapentin and muscle relaxants as topical agents is not recommended. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The request for Gabapentin 10 Percent Cyclobenzaprine 10 Percent Capsaicin Cream is not medically necessary by MTUS.