

Case Number:	CM15-0002519		
Date Assigned:	01/13/2015	Date of Injury:	06/09/2011
Decision Date:	03/16/2015	UR Denial Date:	12/12/2014
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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 43-year-old male who reported injury on 06/09/2011. The mechanism of injury was not provided. The injured worker was noted to undergo urine drug screens. The injured worker's medications included Voltaren gel and Flexeril as of at least 05/2014. The surgical history included a medial branch block on the right at L3, L4, L5 and S1 and a lumbar epidural steroid injection at L5-S1. Prior therapies included trigger point injections and a left shoulder injection. Diagnostic studies included an MRI of the left shoulder and an MRI of the lumbar spine, as well as an MRI of the cervical spine and right shoulder; the results were noncontributory to the requested intervention. The documentation of 11/26/2014 revealed the injured worker had neck pain, low back pain and right shoulder. The injured worker indicated the pain with medications was 4/10. The pain without medications was 8/10. The injured worker was noted to have fallen on 11/14/2014. Current medications were noted to include Flexeril 10 mg and Voltaren 1% gel. The physical examination revealed tenderness at the paracervical muscles and trapezius. The Spurling's maneuver caused pain in the muscles of the neck. However, there were no radicular symptoms. The biceps reflexes were 2/4 bilaterally, as were the triceps and brachioradialis reflexes. The injured worker had tight muscle bands and trigger points on palpation of the lumbar spine. The injured worker had spinous process tenderness at L4 and L5. The diagnoses included lumbar radiculopathy, spasm of muscle, cervical pain and shoulder pain. The treatment plan included trial of Ultram 50 mg, Lorzone which was previously effective (it was indicated the injured worker prefers this medications versus cyclobenzaprine). Additionally, the treatment plan included a continuation of Voltaren

1% gel for inflammation and activity mediated pain. The documentation indicated with the medications, the injured worker was able to lift 20 pounds, walk 10 blocks, sit for 90 minutes and stand for 60 minutes. The injured worker could perform household tasks including cooking, cleaning, self care, laundry and grocery shopping for approximately 45 minutes at a time. Without the medications the injured worker was able to lift 10 pounds, walk 4 blocks, sit for 45 minutes and stand for 20 minutes. Without medication the injured worker could perform household tasks including cooking, cleaning, self care, laundry and grocery shopping for approximately 10 minutes at a time. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone 750 mg #90: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the medication had been effective and the injured worker had objective functional benefit and an objective pain relief. However, there was a lack of documentation of exceptional factors to support continued usage, as it is recommended for a maximum of 3 weeks. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for Lorzone 750 mg #90 is not medically necessary.

Voltaren 1% gel #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel Page(s): 112.

Decision rationale: The California Medical Treatment Utilization Schedule recommends Voltaren Gel 1% (diclofenac) is an FDA-approved agent and it is indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment such as the ankle, elbow, foot, hand, knee, and wrist. It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). The clinical documentation submitted for review indicated the injured worker had benefit from the requested medication. There was

documentation of objective functional benefit and an objective decrease in pain. However, the request as submitted failed to indicate the body part to be treated with the Voltaren gel. The request as submitted failed to indicate the frequency. Given the above, the request for Voltaren 1% gel #1 is not medically necessary.