MAXIMUS Federal Services

Case Number:	CM15-0009007		
Date Assigned:	01/27/2015	Date of Injury:	11/06/2012
Decision Date:	03/31/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/15/2015

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 51 year old with a work injury dated 11/08/2012. The only documents submitted for this review are: Request for authorization (RFA) dated 11/07/2014, Partial progress report dated 11/07/2014. None of the submitted records contain information regarding the injury, current complaints, prior treatments, diagnosis or physical exam. The utilization review references records that were not available in the submitted records and lists a diagnosis of sprains and strains other & unspecified parts back. The request is for Cyclobenzaprine 7.5 mg # 60, Voltaren XR 100 mg # 30, Naproxen Sodium 550 mg # 60 and Gabapentin 600 mg # 60. On 01/08/2015 utilization non-certified the above requests citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren XR 100gm #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71.

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. MTUS recommends the use of Voltaren XR only as chronic maintenance therapy. Documentation indicates that the injured worker is also prescribed Naproxen, an NSAID, for the treatment of diagnostic ICD code 487 (Sprains and Strains of Other and Unspecified parts of Back) with no improvement in pain, as evidenced by the documentation of reported pain level of 10 on a scale of 0 to 10, with and without medication. With MTUS guidelines not being met, the request for Voltaren XR 100gm #30 is not medically necessary.

Naproxen Sodium 550mg #60: 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. Documentation indicates that the injured worker is being treated for diagnostic ICD code 487 (Sprains and Strains of Other and Unspecified parts of Back). The primary treating physician's report fails to provide information regarding the duration of use for Naproxen, but it is noted that the injured worker has had no improvement in pain, as evidenced by the documentation of reported pain level of 10 on a scale of 0 to 10, with and without medications. Given the lack of physician reports regarding duration of use or describing improvement in pain and function, the medical necessity for continued use of NSAIDS has not been established. The request for Naproxen Sodium 550mg #60 is not medically necessary, by MTUS.

Gabapentin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Page(s): 16.

Decision rationale: MTUS states that Anti-epilepsy drugs (AEDs) are recommended for neuropathic pain (pain due to nerve damage) associated with post-herpetic neuralgia and diabetic painful polyneuropathy. There are few randomized controlled trials (RCTs) directed at central pain and none for painful radiculopathy. Documentation fails to show evidence of diagnoses or objective findings on physical examination, to support that the injured worker's condition meets

criteria for use of anti-epileptic drugs. The request for Gabapentin 600mg #60 is not medically necessary.

Cyclobenzaprine HCL 7.6mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 64.

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 indicates that the injured worker is being treated for diagnostic ICD code 487 (Sprains and Strains of Other and Unspecified parts of Back). The primary treating physician's report notes that the injured worker has had no improvement in pain with current medication regimen, as evidenced by the documentation of reported pain level of 10 on a scale of 0 to 10, with and without medications. Given the lack of physician reports describing improvement in pain and function or acute exacerbation in the injured worker's symptoms, the request for Cyclobenzaprine HCL 7.6mg #60 is not medically necessary.