

Case Number:	CM15-0132272		
Date Assigned:	07/20/2015	Date of Injury:	05/23/1990
Decision Date:	08/19/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/08/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59 year old male patient, who sustained an industrial injury on 5/23/90. The diagnoses include failed back syndrome, chronic pain syndrome, and back pain. Per the doctor's note dated 5/28/15 he had complaints of lower back pain at 6/10 and leg pain at 7/10. The physical examination revealed painful and limited lumbar extension, diffuse lumbar tenderness, normal strength and sensation in bilateral lower extremities. The medications list includes cyclobenzaprine, voltaren gel, hydrocodone-acetaminophen, vitamin D and vitamin C, coenzyme Q10, ibuprofen and finasteride. He had been taking Cyclobenzaprine and using Voltaren gel since at least 12/23/14. Treatment to date has included physical therapy and medication. The treating physician requested authorization for Voltaren gel 1% #1 tube and Cyclobenzaprine 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, #1 tube: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15) Voltaren Gel (diclofenac).

Decision rationale: Voltaren gel 1%, #1 tube: The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Any intolerance or contraindication to oral medications (other than NSAID) is not specified in the records provided. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure to antidepressants and anticonvulsants is not specified in the records provided. In addition, per the ODG cited above voltaren gel is "Not recommended as a first-line treatment. See Diclofenac Sodium (Voltaren), where Voltaren Gel is recommended for osteoarthritis after failure of an oral NSAID, or contraindications to oral NSAIDs, or for patients who cannot swallow solid oral dosage forms, and after considering the increased risk profile with diclofenac, including topical formulations." The medical necessity of Voltaren gel 1%, #1 tube is not established for this patient at this time.

Cyclobenzaprine 10mg 1 every 12 hours as needed, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), page 64.

Decision rationale: Cyclobenzaprine 10mg 1 every 12 hours as needed, #60: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease." According to the records provided patient has had chronic low back and leg pain. He has had significant findings on physical examination- tenderness and painful limited lumbar spine extension. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Cyclobenzaprine 10mg 1 every 12 hours as needed, #60 is medically appropriate and necessary to use as prn during acute exacerbations.