

Case Number:	CM15-0134504		
Date Assigned:	07/22/2015	Date of Injury:	05/19/2012
Decision Date:	09/15/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/10/2015

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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old female who sustained an industrial injury on 05/19/12. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, a home exercise program, and a Functional Restoration Program. Diagnostic studies are not addressed. Current complaints include neck and low back pain. Current diagnoses include lumbosacral spondylosis, degeneration of cervical intervertebral discs, sacroiliac joint inflammation, and brachial radiculitis. In a progress note dated 06/24/15, the treating provider reports the plan of care as medications including diclofenac, trazadone, Skelaxin, and Lidoderm, as well as continued physical therapy and home exercise program. The requested treatments include diclofenac, trazadone, Skelaxin, and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 50mg #540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG, pain section, under Diclofenac Page(s): 67.

Decision rationale: This claimant was injured in 2012. Current complaints include neck and low back pain. Current diagnoses include lumbosacral spondylosis, degeneration of cervical intervertebral discs, sacroiliac joint inflammation, and brachial radiculitis. The MTUS recommends non-steroidal anti-inflammatory drugs (NSAID) medication such as Diclofenac for osteoarthritis, at the lowest dose, and the shortest period possible. The use here appears chronic, with little information in regards to functional objective improvement out of the use of the prescription Naproxen. Further, the guides cite that there is no reason to recommend one drug in this class over another based on efficacy. It is not clear why a prescription variety of NSAID would be necessary, therefore, when over the counter NSAIDs would be sufficient. There is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. It is not medically necessary. Also, regarding Diclofenac, the ODG notes: Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. There was no documentation of the dosing schedule and there is no documentation of functional improvement from prior use to support its continued use for the several months proposed. Moreover, it is not clear if the strong cardiac risks were assessed against the patient's existing cardiac risks. The request was appropriately non-certified.

Trazodone 50mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Sedating antidepressants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Antidepressants.

Decision rationale: This claimant was injured in 2012. Current complaints include neck and low back pain. Current diagnoses include lumbosacral spondylosis, degeneration of cervical intervertebral discs, sacroiliac joint inflammation, and brachial radiculitis. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding antidepressants to treat a major depressive disorder, the ODG notes: Recommended for initial treatment of presentations of Major Depressive Disorder (MDD) that are moderate, severe, or psychotic, unless

electroconvulsive therapy is part of the treatment plan. Not recommended for mild symptoms. In this case, it is not clear what objective benefit has been achieved out of the antidepressant usage, how the activities of daily living have improved, and what other benefits have been. It is not clear if this claimant has a major depressive disorder as defined in DSM-IV. If used for pain, it is not clear what objective, functional benefit has been achieved. The request is not medically necessary.

Skelaxin 800mg #540: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Skelaxin Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61-63 of 127.

Decision rationale: This claimant was injured in 2012. Current complaints include neck and low back pain. Current diagnoses include lumbosacral spondylosis, degeneration of cervical intervertebral discs, sacroiliac joint inflammation, and brachial radiculitis. The MTUS notes that Metaxalone (Skelaxin) is recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by [REDACTED] under the brand name Skelaxin) is a muscle relaxant that is reported to be relatively non-sedating. The MTUS elsewhere also recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004). In this claimant's case, there is no firm documentation of acute spasm that might benefit from the relaxant, or that its use is short term. Moreover, given there is no benefit over NSAIDs, it is not clear why over the counter NSAID medicine would not be sufficient. The request was not medically necessary under MTUS criteria.

Lidoderm 5% patch #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

Decision rationale: This claimant was injured in 2012. Current complaints include neck and low back pain. Current diagnoses include lumbosacral spondylosis, degeneration of cervical intervertebral discs, sacroiliac joint inflammation, and brachial radiculitis. Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. It is not clear

the patient had forms of neuralgia, and that other agents had been first used and exhausted. The MTUS notes that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The request was appropriately non-certified under MTUS.