MAXIMUS Federal Services

Case Number:	CM15-0140340		
Date Assigned:	07/30/2015	Date of Injury:	08/14/2011
Decision Date:	09/02/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/20/2015

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, New York, 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 applicant is a represented 35-year-old who has filed a claim for chronic low back pain (LBP), foot pain, and myofascial pain syndrome reportedly associated with an industrial injury of August 14, 2011. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve requests for topical Pennsaid and cyclobenzaprine. The claims administrator referenced a progress note dated May 27, 2015 and an associated RFA form of June 19, 2015 in its determination. The applicant's attorney subsequently appealed. On April 13, 2015, the applicant reported ongoing complaints of low back and bilateral foot pain, 2 to 4/10 pain complaints were reported. The applicant was on Flexeril, Norco, and Compazine, it was reported. The applicant was asked to employ Pennsaid on a trial basis while continuing Norco and Flexeril. Compazine was endorsed for opioid-induced nausea. SI joints injections were sought. It was not clearly stated what diagnoses and/or body parts Pennsaid was intended to target. The applicant was not working, it was acknowledged. On May 27, 2015, the applicant was asked to continue Norco and Flexeril. It was again acknowledged that the applicant was not working. The Pennsaid at tissue was once again, prescribed. The note was difficult to follow as it mingled historical issues with current issues. One section of the attending provider's note stated that Pennsaid was being employed on a renewal basis, while another section stated that the Pennsaid was being employed on a trial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 2% pump 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac); Functional Restoration Approach to Chronic Pain Management Page(s): 112; 7.

Decision rationale: No, the request for topical Pennsaid was not medically necessary, medically appropriate, or indicated here. Pennsaid is a derivative of topical diclofenac/Voltaren. Here, the applicant's primary pain generators were the low back and bilateral feet. The attending provider did not state which issues, diagnoses, and/or body parts he intended to target via topical Pennsaid (AKA topical diclofenac). Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes, however, that topical Pennsaid has not been evaluated for treatment of the spine, i.e., one of the primary pain generators here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does establish a role for topical NSAIDs such as topical Pennsaid in the treatment of arthritis and/or tendonitis in small joints, which are amenable to topical treatment, such as the bilateral feet, two of the pain generators here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, despite what was characterized as ongoing usage of topical Pennsaid. Ongoing usage of topical Pennsaid failed to ameliorate the applicant's work status. Ongoing usage Pennsaid failed to curtail the applicant's dependence on other forms of medical treatment to include sacroiliac joints injections. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of topical Pennsaid. Therefore, the request is not medically necessary.

Cyclobenzaprine 10mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) - Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Similarly, the request for cyclobenzaprine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was in fact using two other agents, topical Pennsaid and oral Norco. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It was further

noted that the 90-tablet supply of cyclobenzaprine at issue represents treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.