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| Case Number: | CM15-0163628 | | |
| Date Assigned: | 08/31/2015 | Date of Injury: | 10/08/2010 |
| Decision Date: | 09/30/2015 | UR Denial Date: | 08/06/2015 |
| Priority: | Standard | Application Received: | 08/20/2015 |

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: California, Indiana, 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 46 year old male, who sustained an industrial injury on 10-08-2010. He has reported injury to the neck, low back, and left groin. The diagnoses have included cervical spine disc bulges; lumbar spine disc bulges; myofascial pain; and status post left groin surgery, on 04-18-2011. Treatment to date has included medications, diagnostics, activity modification, physical therapy, and surgical intervention. Medications have included Tramadol, Mobic, Voltaren XR, and Flexeril. A progress report from the treating physician, dated 06-26-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of neck pain that is sharp and radiates to the lower back; numbness of the neck, upper back, and lower back; lower back pain which is sharp and non-radiating; bilateral shoulder pain which is sharp and non-radiating; bilateral elbow pain which is sharp and non-radiating; bilateral thigh pain which is sharp and radiates to the lower back; bilateral leg pain which is dull and non-radiating; and he also reports head, right groin, right testicle, and left testicle pain. Objective findings included cervical spine range of motion is limited due to pain; tenderness in the cervical facets in the bilateral C5-6, C6-7 level; positive cervical facet loading maneuvers bilaterally; trigger points palpated in the bilateral trapezius as well as supraspinatus muscles; tenderness in the lumbar paraspinal muscles, in the lumbar facet L4-5 and L5-S1 bilaterally; positive lumbar facet loading maneuvers bilaterally; bilateral upper extremities with normal sensation; and bilateral lower extremities with normal sensation. The treatment plan has included the request for Fexmid 7.5mg #45; and Voltaren XR 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), ANTISPASMODICS: Cyclobenzaprine (Flexeril) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fexmid 7.5mg #45 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical facet; lumbar facet; and myofascial pain. Date of injury is October 8, 2010. The documentation indicates to providers from the same office are caring for the injured worker. A request for authorization dated June 26, 2015 coincides with a progress note dated June 26, 2015 by a pain management provider. There are no medications documented in the type written document. The treatment plan includes request for Flexeril and Voltaren XR. A subsequent request for authorization dated August 7, 2015 that coincides with an August 7, 2015 hand written progress note includes medications Mobic, Flexeril, topical creams and a plan to add tramadol. There is no documentation of Voltaren XR in the record. Subjectively, the injured worker has ongoing neck and back pain the pain score 7/10. Objectively there is tenderness palpation with trigger points. There is no documentation of spasm present. There is no documentation of low back pain acute or exacerbation of chronic low back pain. Flexeril first appears in the June 26, 2015 progress note. Flexeril is a current medication that appears in the August 7, 2015 progress note. Flexeril is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The treating provider exceeded the recommended guidelines for short-term (less than two weeks). As noted above, there is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement and treatment continued in excess of the recommended guidelines for short-term (less than two weeks), Fexmid 7.5mg #45 is not medically necessary.

Voltaren XR 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren XR 100 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-for line drug due to its increased risk profile. In this case, the injured worker's working diagnoses are cervical facet; lumbar facet; and myofascial pain. Date of injury is October 8, 2010. The documentation indicates to providers from the same office are caring for the injured worker. A request for authorization dated June 26, 2015 coincides with a progress note dated June 26, 2015 by a pain management provider. There are no medications documented in the type written document. The treatment plan includes request for Flexeril and Voltaren XR. A subsequent request for authorization dated August 7, 2015 that coincides with an August 7, 2015 hand written progress note includes medications Mobic, Flexeril, topical creams and a plan to add tramadol. There is no documentation of Voltaren XL in the record. Subjectively, the injured worker has ongoing neck and back pain the pain score 7/10. Objectively there is tenderness palpation with trigger points. There is no documentation of spasm present. Documentation from the June 26, 2015 pain provider contains a clinical entry for Voltaren XR. Documentation from an August 7, 2015 progress note contains a clinical entry for Mobic. There is no documentation of failed first-line non-steroidal anti-inflammatory drug use. Additionally, Diclofenac is not recommended as a first-for line drug due to its increased risk profile. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of failed first-line/nonselective non-steroidal anti-inflammatory drugs and no clinical indication or rationale for Voltaren XR, Voltaren XR 100 mg #60 is not medically necessary.