

Case Number:	CM15-0189098		
Date Assigned:	10/01/2015	Date of Injury:	02/01/2008
Decision Date:	12/08/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/25/2015

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: Colorado

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:

The 58 year old female injured worker suffered an industrial injury on 2-1-2008. The diagnoses include cervical spondylosis without myelopathy, cervical radiculitis, and cervical sprain-strain. On 8-20-2015, the treating provider reported cervical pain rated 7 out of 10 that radiated through the arms along with numbness to both hands at night. She had been having headaches daily and range of motion was limited to the neck due to pain. On exam, there was tenderness of the bilateral cervical muscles and left trapezius. The medical record indicated multiple non-steroidal anti-inflammatory drugs Meloxicam, Naproxen and Voltaren gel, in use along with Famotidine and Flexeril. Meloxicam had been in used at least since 3-30-2015. Famotidine and Omeprazole had been in use at least since 5-21-2015. The documentation noted patient history of GI symptoms from non-steroidal anti-inflammatory drugs. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications and no evidence of functional improvement with treatment. The Utilization Review on 8-28-2015 determined non-certification for Voltaren Gel Qty 3, Anaprox 550 MG Qty 60, Omeprazole 20 MG Qty 60 and Flexeril 10 MG Qty 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel Qty 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the MTUS Guidelines, topical analgesics may be indicated for specific conditions when other therapies have failed. However, the guidelines make it clear that if a drug or drug class in a given topical compound is "not recommended," then the entire compounded topical is not recommended. Topical Non-steroidal anti-inflammatory drugs have been studied, but only short term in small numbers, so no substantive evidence supports long-term use. Use of topical non-steroidal anti-inflammatory drugs can be recommended for less than 12 weeks, for treatment of osteoarthritis, specifically related to the knee or elbow. No consistent quality evidence exists to use topical non-steroidal anti-inflammatory drugs for treatment of osteoarthritis of the spine, hip or shoulder, or for treatment of Neuropathic Pain. The only FDA-approved Topical Non-steroidal anti-inflammatory agent is Voltaren Gel 1% (diclofenac). For the patient of concern, based on records supplied for review, the Voltaren gel was initiated 5/13/2015 as an alternative to oral non-steroidal anti-inflammatory drug (NSAID) because patient experienced GI upset with oral NSAID. Patient has documented neck pain and shoulder pain. The records are not clear as to which area patient is to treat with Voltaren gel. The records do not indicate any improvement in pain with the Voltaren gel, as pain ratings are consistently 7-10/10. As the patient has no documented improvement in pain and no documented objective improvement in function using the Voltaren gel, and as Voltaren gel (topical NSAIDS) has no indication for use in osteoarthritis of the spine, the request for Voltaren gel is not medically necessary.

Anaprox 550 MG Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the MTUS Guidelines, non-steroidal anti-inflammatory drugs are recommended as second line agents for pain, after trial of Acetaminophen, (particularly for those patients at risk for gastrointestinal events, cardiac events, and renal disease), to be taken at the lowest effective dose for shortest period of time. Non-steroidal anti-inflammatory drugs may be first line for moderate to severe pain, based on available evidence, though studies cannot consistently confirm that non-steroidal anti-inflammatory drugs are superior to Acetaminophen. There is no evidence that any of the non-steroidal anti-inflammatory drugs are effective long term for pain relief or functional improvement. There is no consistent evidence that non-steroidal anti-inflammatory drugs are useful for long term management of neuropathic pain. For the patient of concern, the records supplied do not indicate improvement in pain with Non-steroidal anti-inflammatory drug as part of his regimen, with pain ratings consistently 7-10/10.

The records from Spine Specialist indicate patient taking Anaprox and using Voltaren gel, while the primary treating physician records indicate prolonged use of Mobic and Voltaren gel. The record then is unclear on exactly what patient is taking. Furthermore, there is generally no indication to use topical NSAID and oral NSAID. There is no objective assessment of function and no indication the medications improved patient's function. Given the lack of evidence, per the Guidelines, to support long term use of non-steroidal anti-inflammatory drugs in pain treatment, and the lack of verifiable improvement in function or pain for this patient with non-steroidal anti-inflammatory drug, and the documentation that patient may be taking 2 different oral NSAIDS as well as Voltaren gel, the request for Anaprox is not medically necessary.

Omeprazole 20 MG Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Per the MTUS Guidelines, Prilosec and other Proton pump inhibitors can be indicated for use with non-steroidal anti-inflammatory drugs, in those at high risk for gastrointestinal events, or in those on high dose / multiple medications that increase risk of gastrointestinal events. Several factors can be considered to determine if patient is at risk for gastrointestinal events: (1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drugs. If patient has no risk factor for gastrointestinal events and no cardiovascular disease, then a non-selective non-steroidal anti-inflammatory drug, such as Naprosyn or Diclofenac, is recommended. No proton pump inhibitor or other antacid would be necessary or recommended if patient has no risk factors for gastrointestinal events. For the patient of concern, the records do not indicate any diagnosis that would warrant Prilosec use, except as protective when using oral NSAIDs given patient history of GI symptoms with oral NSAIDs. Also, patient no longer meets criteria to continue oral NSAID, so would no longer need acid reduction / GI protection from the Omeprazole. The request for Omeprazole is not medically necessary based on lack of documentation for its need.

Flexeril 10 MG Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Per the Guidelines, Cyclobenzaprine, and other antispasmodics are recommended for musculoskeletal pain associated with spasm, but only for a short course. It has been shown to help more than placebo with back pain and fibromyalgia, but has several side

effects that limit its use. Furthermore, Cyclobenzaprine works best in the first 4 days of use, so short courses recommended, no more than 2-3 weeks. No quality consistent evidence exists to support chronic use of Cyclobenzaprine. Common side effects of Cyclobenzaprine include: anticholinergic effects (drowsiness, urinary retention and dry mouth). Sedative effects may limit use. Headache has been noted. This medication should be avoided in patients with arrhythmias, heart block, heart failure and recent myocardial infarction. Side effects limit use in the elderly. (See, 2008) (Toth, 2004) The records supplied indicate patient of concern has been taking Cyclobenzaprine greater than 2-3 weeks, without improvement in symptoms noted. As there is no support, per the guidelines, for long term use, the request for Cyclobenzaprine and has patient has not had improvement with it, the request for Cyclobenzaprine is not medically necessary.