MAXIMUS Federal Services

Case Number:	CM15-0191693		
Date Assigned:	10/05/2015	Date of Injury:	01/21/2007
Decision Date:	11/12/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/29/2015

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: Arizona, 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:

The injured worker is a 63 year old female, who sustained an industrial injury on 1-21-2007. The injured worker is being treated for right L5-S1 radiculopathy-radiculitis, right L5-S1 neural foraminal narrowing and chronic lower back pain. Treatment to date has included diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 8-25-2015, the injured worker presented for check of pain medications. She was getting Flector Patch. Per the notes, an epidural was not approved. She reported back pain. Objective findings included decreased lumbar lordosis and tenderness to the right L5-S1 paraspinals with taut bands felt. Medications as of this visit are not listed. Per the medical records dated 6-18-2015, she is prescribed Cyclobenzaprine and Lunesta. And Norco has been discontinued as it is providing no benefit. Per the medical records dated 6-18-2015 to 8-25-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications Work status was on permanent disability. The plan of care included continuation of home exercise and an epidural steroid injection. Authorization was requested for Diclofenac sodium 100mg #120, and Cyclobenzaprine 10%-Gabapentin 10%-Flurbiprofen 20%. On 9-21-2015, Utilization Review non-certified the request for Diclofenac sodium 100mg #120, and Cyclobenzaprine 10%-Gabapentin 10%-Flurbiprofen 20%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac NA (sodium) 100 mg Qty 120: 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 (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months and developed upset stomach and nausea for which Prilosec was required. Response to Diclofenac is unknown. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Diclofenac is not medically necessary.

Cyclobenzaprine 10%, Gabapentin 10% cream, Flurbiprofen 20%: 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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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 compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical muscle relaxants such as Cyclobenzaprine as well as topical anti epileptics such as Gabapentin are not recommended due to lack of evidence. Topical Flurbiprofen is intended for short-term use of arthritis. The claimant does not have arthritis. The claimant was also on Flector topically previously and long-term use of topical analgesics is not indicated. Since the compound above contains these topical medications, the Cyclobenzaprine 10%, Gabapentin 10% cream, Flurbiprofen 20% is not medically necessary.