

Case Number:	CM15-0201717		
Date Assigned:	10/16/2015	Date of Injury:	04/15/2012
Decision Date:	11/25/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/13/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 65 year old female who sustained an industrial injury April 15, 2012. According to a treating physician's progress report dated September 15, 2015, the injured worker presented for follow-up with complaints of continued pain in the right ankle, rated 6 out of 10 or more, depending on the activity. With medication, she reports pain decreases to a 3 out of 10. She also reported right-handed pain, rated 8 out of 10, with difficulty bending the index finger and the hand becoming stiff and feeling numbness, tingling, and weakness. She reports that medication makes her sleepy and sometimes she experiences headaches from medication. Previous medication included Tramadol from her primary family physician, Flexeril, and Medrox ointment with the injured worker reporting the pain as becoming minimal with improvement in sleep at night, June 22, 2015. On the August 18, 2015, a primary treating physician's visit notes documented the injured worker complained of difficulty sleeping due to pain. Although the cream and Flexeril help, she still has problems sleeping and is not frequently using Flexeril. The medication Xanax 0.5mg one by mouth every night for anxiety and stress was prescribed). Objective findings included; right ankle-foot--gait pattern normal with full weight bearing, mild edema in the area of the lateral malleoli and slight tender to touch medial and lateral malleoli, well healed surgical scars, plantar flexion and dorsiflexion close to normal but uncomfortable, pain with inversion and eversion, heel and toe ambulation could not be conducted because of severe pain. Treatment [plan included to continue with home exercise program for strengthening and stretching leg musculature. Assessment is documented as status post right ankle surgery- open reduction internal fixation, right ankle status post right hand

injury; right hand callus formation; insomnia. At issue, is a request for authorization dated September 15, 2015, for Voltaren, Zanaflex, and Duloxetine. According to utilization review dated September 21, 2015, the requests for Zanaflex 2mg #30, Duloxetine 30mg #60, and Voltaren Gel 100gram were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #30: Upheld

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

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

Decision rationale: Per the CA MTUS/Chronic Pain Treatment Guidelines, page 66, Zanaflex is appropriate for chronic myofascial pain syndrome and is approved for spasticity. In this case, there is no objective evidence in the exam note from 9/18/15 supporting spasticity and no evidence of chronic myofascial pain syndrome or fibromyalgia. Therefore, the request is not medically necessary.

Duloxetine 30mg #60: 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 - Cymbalta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): SSRIs (selective serotonin reuptake inhibitors).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, Selective serotonin and norepinephrine reuptake inhibitors, page 15, states that Cymbalta is a antidepressant/selective serotonin and nor-epinephrine re-uptake inhibitor (SNRI). It is utilized in management of depression and pain associated chronic conditions. In this case the note from 9/18/15 does not demonstrate a diagnosis of depression that would warrant a prescription for duloxetine. Therefore, the request is not medically necessary.

Voltaren Gel 100 gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, page 111-112, NSAIDs, states that Voltaren Gel is, Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). In this case, there is insufficient evidence of osteoarthritis in the records from 9/18/15 to warrant Voltaren Gel. Therefore, the request is not medically necessary.