

Case Number:	CM15-0201966		
Date Assigned:	10/16/2015	Date of Injury:	06/20/2014
Decision Date:	11/25/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/15/2015

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 50 year old male, who sustained an industrial injury on 6-20-14. He reported injuries to the head, right shoulder, neck, right knee, and lumbar spine. The injured worker was diagnosed as having cephalgia, cervical spine sprain and strain with myofascitis, right shoulder sprain and strain, lumbar spine sprain and strain with radiating symptoms, lumbar spine disc herniation, spinal stenosis, intervertebral foraminal narrowing at L4-5, bilateral L5 spondylosis, right knee medial meniscal tear, and right knee contusion, sprain, and strain. Treatment to date has included epidural injections, a home exercise program, and medication including Flexeril, Tramadol, and Voltaren gel. On 10-8-15 physical exam findings included tenderness to palpation over the lumbosacral junction and tenderness to palpation over the medial patellofemoral and medial joint lines of the right knee. No tenderness was noted in the cervical spine and right shoulder. On 8-17-15 pain was rated as 5 of 10 with medication and 7 of 10 without medication. 9-14-15 pain was rated as 5 of 10 with medication and 6 of 10 without medication. The injured worker had been taking Cyclobenzaprine since at least April 2015 and using Voltaren gel since at least June 2015. On 10-8-15, the injured worker complained of pain in the neck, right shoulder, low back, and right knee. The treating physician requested authorization for Voltaren 1% gel 300g #30 and Cyclobenzaprine 10mg #30. On 10-12-15 the request for Cyclobenzaprine was modified to certify Cyclobenzaprine 10mg #15. Voltaren 1% gel was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel, 300 grams qty: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren gel (Diclofenac gel) 1%, 300 g (#30) is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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. The only available FDA approved topical analgesic is diclofenac. However, diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker's working diagnoses are lumbar disc displacement; lumbar facet arthropathy; lumbar strain sprain; and discogenic low back pain. Date of injury is June 20, 2014. Request for authorization is October 8, 2015. According to March 10, 2015 progress note, current medications included Flexeril 10 mg and tramadol. According to a June 22, 2015 progress note, Voltaren gel 1% was added to the drug regimen for the right knee. According to a September 14, 2015 progress note, subjective complaints included low back pain, left lower remedy pain 5/10. Objectively, there was lumbar spine spasm with decreased range of motion. Diclofenac gel is indicated for relief of osteoarthritis pain in the joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). There is no documentation of osteoarthritis of the knee. There is no clinical indication or rationale for Voltaren gel 1%. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, guideline non-recommendations for Voltaren gel 1% in the absence of osteoarthritis pain (of the knee) and no documentation demonstrating objective functional improvement, Voltaren gel (Diclofenac gel) 1%, 300 g (#30) is not medically necessary.

Cyclobenzaprine 10 mg qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril). 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, Flexeril 10 mg #30 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 lumbar disc displacement; lumbar facet arthropathy; lumbar strain sprain; and discogenic low back pain. Date of injury is June 20, 2014. Request for authorization is October 8, 2015. According to March 10, 2015 progress note, current medications included Flexeril 10 mg and tramadol. According to a June 22, 2015 progress note, Voltaren gel 1% was added to the drug regimen for the right knee. According to a September 14, 2015 progress note, subjective complaints included low back pain, left lower remedy pain 5/10. Objectively, there was lumbar spine spasm with decreased range of motion. The documentation does not demonstrate objective functional improvement to support ongoing Flexeril. 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. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Flexeril was continued, at a minimum, as far back as March 10, 2015 through September 14, 2015 (in excess of six months). The guidelines recommend short-term use (less than two weeks). Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating continued provider use in excess of the recommended guidelines for short-term (less than two weeks), no documentation of acute low back pain oriented exacerbation of chronic low back pain and no documentation demonstrating objective functional improvement, Flexeril 10 mg #30 is not medically necessary.