

Case Number:	CM15-0204842		
Date Assigned:	10/21/2015	Date of Injury:	10/25/2013
Decision Date:	12/03/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female, who sustained an industrial injury on 10-25-13. Medical records indicate that the injured worker is undergoing treatment for lumbar herniated nucleus pulposus, lumbar facet arthropathy, right lumbar radiculopathy, lumbar stenosis, lumbar myofascial strain, right trochanteric bursitis, right knee pain, right foot pain, anxiety and depression. The injured worker is currently not working. On (9-23-15) the injured worker complained of constant aching right-sided low back pain with an intermittent burning pain, which radiated down the right lower extremity to the first two digits of the foot. Associated symptoms include weakness, numbness and tingling in the right lower extremity. The pain was noted to be unchanged from the prior visit. The injured workers current medications reduce the pain from 10 out of 10 to 5 out of 10 on the visual analogue scale. Examination of the lumbar spine revealed tenderness to palpation over the right piriformis with recreation of pain down the calf and tenderness over the right paraspinal muscles from thoracic ten through lumbar four. A straight leg raise test was positive on the right. Sensation was decreased over the right lumbar five dermatome. Treatment and evaluation to date has included medications, x-rays of the lumbar spine, MRI of the lumbar spine, urine drug screen (9-23-15), electrodiagnostic studies of the lower extremities, boot cast, ankle brace, physical therapy, aquatic therapy, trigger point injections and transforaminal epidural steroid injections. Current medications include Ultracet, Advil, Prilosec, Amitriptyline, Norco (since at least August of 2015) and Ketoprofen cream. The injured worker experiences dizziness and stomach upset from the Norco. The current treatment requests are for Voltaren Gel 1% # 1, Norco 5-325 mg # 60 and Flexeril 10 mg # 60. The

Utilization Review documentation dated 10-12-15 non-certified the requests for Voltaren Gel 1% # 1, Norco 5-325 mg # 60 and Flexeril 10 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1%, #1: Overturned

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 rationale: The claimant sustained a work injury in October 2013 when assisting a wheelchair passenger while working as a bus driver and is being treated for low back and right lower extremity pain. Medications are referenced as decreasing pain from 10/10 to 5/10 and lasting for about 7 hours. Prior treatments had included physical therapy with aquatic therapy and injections. Medications had included Aleve and Naprosyn with mild relief. Physical examination findings included positive right straight leg raising and Crossed straight leg raising. There was decreased right lower extremity sensation. There was right piriformis tenderness with recreation of pain into the calf. Facet loading was negative. Medications include Flexeril prescribed in August 2015. Oral medications have caused gastrointestinal upset and oral NSAIDS are not being recommended. Topical non-steroidal anti-inflammatory medication can be recommended for patients with chronic pain where the target tissue is located superficially in patients who either do not tolerate, or have relative contraindications, for oral non-steroidal anti-inflammatory medications. In this case, the claimant has intolerance of oral medications and has localized low back and right lower extremity pain that appears amenable to topical treatment. Generic medication is available. This request for Voltaren gel is medically necessary.

Norco 5/325mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in October 2013 when assisting a wheelchair passenger while working as a bus driver and is being treated for low back and right lower extremity pain. Medications are referenced as decreasing pain from 10/10 to 5/10 and lasting for about 7 hours. Prior treatments had included physical therapy with aquatic therapy and injections. Medications had included Aleve and Naprosyn with mild relief. Physical examination findings included positive right straight leg raising and Crossed straight leg raising. There was decreased right lower extremity sensation. There was right piriformis tenderness with

recreation of pain into the calf. Facet loading was negative. Medications include Flexeril prescribed in August 2015. Oral medications have caused gastrointestinal upset and oral NSAIDS are not being recommended. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing significantly decreased pain lasting for up to 7 hours. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing is medically necessary.

Flexeril 10mg, #60: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in October 2013 when assisting a wheelchair passenger while working as a bus driver and is being treated for low back and right lower extremity pain. Medications are referenced as decreasing pain from 10/10 to 5/10 and lasting for about 7 hours. Prior treatments had included physical therapy with aquatic therapy and injections. Medications had included Aleve and Naprosyn with mild relief. Physical examination findings included positive right straight leg raising and Crossed straight leg raising. There was decreased right lower extremity sensation. There was right piriformis tenderness with recreation of pain into the calf. Facet loading was negative. Medications include Flexeril prescribed in August 2015. Oral medications have caused gastrointestinal upset and oral NSAIDS are not being recommended. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long term use. It appears ineffective as the claimant has ongoing muscle spasms. Continued prescribing is not medically necessary.