

Case Number:	CM15-0217171		
Date Assigned:	11/06/2015	Date of Injury:	06/30/2001
Decision Date:	12/22/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	11/04/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old female, who sustained an industrial injury on 6-30-2001. A review of the medical records indicates that the injured worker is undergoing treatment for right knee pain, low back pain, lumbar facet syndrome, and left leg amputation. On 9-24-2015, the injured worker reported lower backache, right elbow pain, and left knee pain rated 7 on a scale of 1 to 10 with medications and 10 out of 10 without medications. On 7-23-2015, the injured worker rated her pain as 4 on a scale of 1 to 10 with medications and 8 out of 10 without medications. The Treating Physician's report dated 9-24-2015, noted the injured worker's quality of sleep was poor with decreased activity level. The injured worker's current medications were noted to include Flector patch, Voltaren gel, Trazodone, Robaxin, Zocor, Clonidine, all prescribed since at least 4-2-2015, and Methadone HCL prescribed 6-25-2015, with the injured worker reporting being stable on the current medication regimen, able to perform her activities of daily living (ADLs) and increase her activity with the aid of medications able to better function including exercise walking and be more independent with her self-care. The Physician noted the injured worker's pain had reduced from 10 out of 10 to 5 out of 10 with medication able to walk 4 blocks with medications, and no blocks without medications. The injured worker denied side effects, and was noted to have consistent CURES with an 8-27-2015 urine drug screen (UDS) negative for the medications prescribed with the injured worker admitting to running out of medications early, but stated she took them as directed. The injured worker was noted to be accompanied by her sister who reported the injured worker had been diagnosed with dementia. The physical examination was noted to show the injured worker with an antalgic gait

assisted by a cane, with restricted lumbar range of motion (ROM) with pain, positive lumbar facet loading bilaterally, and restricted right knee range of motion (ROM) with pain and tenderness over the hamstrings and ilio-tibial band with mild effusion and crepitus of the knee. Prior treatments have included status post right knee surgery, physical therapy, and MS Contin. The treatment plan was noted to include continued Methadone with the injured worker reporting it effective in reducing pain to be more functional, continued Robaxin with improvement in muscle spasms, continued Trazodone sleeping straight 5-6 hours compared to 1 hour without medication, and continued Flector patches for inflammatory pain relief. The injured worker's work status was noted to be permanent and stationary, currently not working. The request for authorization dated 9-28-2015, requested Methadone HCL 5mg #90, Trazodone 50mg #30 with 3 refills, Robaxin-750 #80 with 3 refills, and Flector 1.3% patch #30 with 3 refills. The Utilization Review (UR) dated 10-1-2015, certified the requests for Methadone HCL 5mg #90 and Trazodone 50mg #30 with 3 refills, and non-certified the requests for Robaxin-750 #80 with 3 refills, and Flector 1.3% patch #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin-750 #80 with 3 refills: 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).

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

Decision rationale: The patient presents on 10/22/15 with pain in the lower back, right elbow, and right knee rated 7/10 with medications, 10/10 without. The patient's date of injury is 06/30/01. The request is for Robaxin-750 #80 with 3 refills. The RFA is dated 09/28/15. Physical examination dated 10/22/15 reveals restricted lumbar range of motion, positive lumbar facet loading bilaterally, a healed surgical scar on the right knee with limited range of motion on flexion, and tenderness to palpation of the hamstrings and ilio-tibial band with mild effusion noted. The patient is currently prescribed Flector patches, Voltaren, Trazodone, Methadone, Clonidine, and Zocor. Patient is currently not currently working. MTUS Guidelines, Muscle Relaxants (for pain) section, page 63-66 states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. In regard to the request for Robaxin the provider has specified an excessive duration of therapy. This patient has been prescribed Robaxin since at least 04/02/15. Guidelines indicate that muscle relaxants such as Robaxin are only considered appropriate for acute exacerbations of pain. MTUS Guidelines do not recommend use for longer than 2 to 3 weeks, the requested 80 tablets with three refills (in addition to prior use) does not imply short duration therapy. Therefore, the request is not medically necessary.

Flector 1.3% patch #30 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: The patient presents on 10/22/15 with pain in the lower back, right elbow, and right knee rated 7/10 with medications, 10/10 without. The patient's date of injury is 06/30/01. The request is for Flector 1.3% patch #30 with 3 refills. The RFA is dated 09/28/15. Physical examination dated 10/22/15 reveals restricted lumbar range of motion, positive lumbar facet loading bilaterally, a healed surgical scar on the right knee with limited range of motion on flexion, and tenderness to palpation of the hamstrings and ilio-tibial band with mild effusion noted. The patient is currently prescribed Flector patches, Voltaren, Trazodone, Methadone, Clonidine, and Zocor. Patient is currently not currently working. The Flector patch is Diclofenac in a topical patch. MTUS guidelines for topical NSAIDs apply. MTUS, pg 111-113, Topical Analgesics section under Non-steroidal anti-inflammatory agents -NSAIDs states: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration". The guideline states short-term use is 4-12 weeks. These are not recommended for neuropathic pain and "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." In regard to the continuation of Flector patches for this patient's chronic knee pain, the request is appropriate. This patient has been prescribed Flector patches since at least 04/02/15. Addressing medication efficacy, progress note dated 10/22/15 indicates a 30% decrease in this patient's pain attributed to medications, though does not specifically mention Flector patches. The medication instructions associated with this request indicate that these patches are being utilized solely for this patient's ongoing right knee pain. Given this patient's peripheral joint complaint for which the use of topical NSAIDs are considered appropriate, and the documented benefits of medications including Flector Patches, continued use is substantiated. The request is medically necessary.