

Case Number:	CM15-0224434		
Date Assigned:	11/20/2015	Date of Injury:	07/26/1994
Decision Date:	12/31/2015	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	11/16/2015

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:

This injured worker is a 60 year old female who reported an industrial injury on 7-26-1994. Her diagnoses, and or impressions, were noted to include: chronic regional pain syndrome in the right lower extremity; and recently diagnosed hypertension. No imaging studies were noted. Her treatments were noted to include: implantation of a spinal cord stimulator in 1999; right knee surgery x 2; medication management with toxicology studies; and rest from work as she was noted to be permanently disabled. The progress notes of 10-7-2015 reported: no acute changes in her condition; that she continued to pay out-of-pocket for Norco which she used intermittently for better pain control and improved function, and that she did not wish to continue paying out-of-pocket anymore. The objective findings were noted to include: moderate obesity; that she appeared fatigued and in pain; that she used a wheelchair and gait was not assessed. The physician's request for treatments were noted to include: Tramadol-APAP 37.5-325 mg 2-3 x a day for pain, #90; and Diclofenac Sodium 1.5% 60 grams, to apply to affected area 3 x a day (anti-inflammatory cream), #1. The Utilization Review of 10-20-2015 non-certified the requests for: Tramadol 37.5 mg, #90 with no refills; Baclofen 10 mg, #90 with 3 refills; and Diclofenac Sodium 1.5% 6 cream, #1 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg tablet #90 with 3 refills: 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: The claimant has a remote history of a work injury occurring in July 1994 and continues to be treated for chronic right knee pain including a diagnosis of CRPS. She has a history of right knee surgery x 2 for an anterior cruciate ligament tear. A spinal cord stimulator was implanted 1999. When seen in October 2015 her condition was unchanged. She was continuing to pay out-of-pocket for Norco which was being used intermittently. She wanted to discontinue trazodone which had caused side effects. Physical examination findings included moderate obesity. She appeared to be in pain and fatigued. She was using a wheelchair. Current medications included baclofen, hydrocodone/acetaminophen, naproxen, topical diclofenac, and omeprazole. The naproxen had been denied and was discontinued. Tramadol, baclofen, and topical diclofenac were prescribed. Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries and is used off-label in the treatment of trigeminal neuralgia. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or acute exacerbation and baclofen has been prescribed on a long-term basis and continued use for at least another 4 months is being requested. The claimant does not have spasticity due to an upper motor neuron condition. Ongoing prescribing is not considered medically necessary.

Diclofenac Sodium 1.5% 6 cream: 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 has a remote history of a work injury occurring in July 1994 and continues to be treated for chronic right knee pain including a diagnosis of CRPS. She has a history of right knee surgery x 2 for an anterior cruciate ligament tear. A spinal cord stimulator was implanted 1999. When seen in October 2015 her condition was unchanged. She was continuing to pay out-of-pocket for Norco which was being used intermittently. She wanted to discontinue trazodone which had caused side effects. Physical examination findings included moderate obesity. She appeared to be in pain and fatigued. She was using a wheelchair. Current medications included baclofen, hydrocodone/acetaminophen, naproxen, topical diclofenac, and omeprazole. The naproxen had been denied and was discontinued. Tramadol, baclofen, and topical diclofenac were prescribed. 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 had been taking naproxen and omeprazole which were unavailable and were discontinued. No other topical medication or oral NSAID medication was prescribed. She has localized right knee pain that appears amenable to topical treatment. Generic medication is available. This request for topical diclofenac is considered medically necessary.