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| Case Number: | CM15-0033214 | | |
| Date Assigned: | 02/26/2015 | Date of Injury: | 05/29/2000 |
| Decision Date: | 05/05/2015 | UR Denial Date: | 02/05/2015 |
| Priority: | Standard | Application Received: | 02/20/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 67 year old female, who sustained an industrial injury on May 29, 2000. She was injured in a slip and fall down a ladder. The injured worker was diagnosed as having chronic neck pain, chronic low back pain, and chronic pain syndrome. Treatment to date has included medications, acupuncture. On December 30, 2014, she was seen for continued neck and back pain. She reports that Zorvolex has helped with her pain. The treatment plan included the request for Tylenol #3, Skelaxin and Voltaren gel. On February 3, 2015, she indicates that Tylenol #3 upsets her stomach and she prefers not to use it. The request is for Tylenol #3, Skelaxin 800mg and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request Tylenol #3, QTY: 135, provided on date of service: 12/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Retrospective request Tylenol #3, QTY: 135, provided on date of service: 12/30/14 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on long term opioids without significant objective evidence functional improvement therefore the request for Tylenol #3 is not medically necessary.

Retrospective request Skelaxin 800mg, QTY: 180, provided on date of service: 12/30/14:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Metaxalone (Skelaxin) and Muscle relaxants (for pain) Page(s): 61; 65; 63.

Decision rationale: Retrospective request Skelaxin 800mg, QTY: 180, provided on date of service: 12/30/14 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Skelaxin is reported to be a relatively non-sedating muscle relaxant. The MTUS guidelines 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 documentation indicates that the patient has been on Skelaxin long term and her symptoms appear chronic rather than an acute exacerbation of low back pain. The request for continued Skelaxin is not medically necessary.

Retrospective request Voltaren gel 4g, QTY: 3, provided on date of service: 12/30/14:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Retrospective request Voltaren gel 4g, QTY: 3, provided on date of service: 12/30/14 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical NSAIDs can be used in osteoarthritis

and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Voltaren Gel 1% (diclofenac) is specifically 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. The documentation indicates that the patient has been using this medication without functional improvement and also suffers from spine pain for which this medication is not medically indicated. For these reasons Voltaren gel is not medically necessary.