

Case Number:	CM15-0045963		
Date Assigned:	03/18/2015	Date of Injury:	03/15/2012
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/11/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 58 year old male, who sustained an industrial injury on 03/15/2012. He reported sustaining injuries to the bilateral ankles and bilateral feet. The injured worker was diagnosed as having traumatic plantar fasciitis and foot pain. Treatment to date has included magnetic resonance imaging of the right ankle, magnetic resonance imaging of the left ankle, electromyogram with nerve conduction studies, use of a transcutaneous electrical nerve stimulation unit, medication regimen, injections to the feet, and physical therapy. In a progress note dated 11/20/2014, the treating provider reports complaints of a constant, severe pain to the bilateral ankles and bilateral feet that is rated a seven on a scale of zero to ten with a rating of five at its best and a nine at the pains worst along with sharp, cutting, throbbing, cramping, shooting, electrical, and burning muscle pain. The injured worker also has associated symptoms of weakness to the feet and pins and needles. The medical records provided did not contain the request for the medications of Voltaren gel and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren gel 1% topical (100g tube) #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111 ? 112.

Decision rationale: The California MTUS guidelines indicates that Voltaren gel is indicated for relief of osteoarthritic pain in joints that lend themselves to topical treatment including the ankle and foot. However, the attached medical record does not make a diagnosis of osteoarthritis but rather that of traumatic plantar fasciitis. Additionally, there is no documentation that oral anti-inflammatory medications have not been successful for the injured employee. This request for Voltaren gel is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG 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. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Cyclobenzaprine: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." The patient is not being treated for an acute exacerbation of chronic back pain, so the requested treatment is not medically necessary.