

Case Number:	CM15-0085697		
Date Assigned:	05/07/2015	Date of Injury:	09/11/2013
Decision Date:	07/07/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/04/2015

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: 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 45 year old female, who sustained an industrial injury on 9/11/13. The diagnoses have included lumbar Herniated Nucleus Pulposus (HNP), thoracic strain/sprain, left scapular pain, and right lumbar radiculopathy. Treatment to date has included medications, diagnostics, activity modifications, off work, physical therapy, aqua therapy, Transcutaneous electrical nerve stimulation (TENS), other modalities and home exercise program (HEP). Currently, as per the physician progress note dated 3/35/15, the injured worker complains of low back and left scapula pain rated 7-8/10 on pain scale with increased pain and increased radicular symptoms. The pain and numbness goes down the right leg and is more severe at times. She recently saw the orthopedic and he is requesting a lumbar decompression, which has recently been authorized. The physical exam of the lumbar spine reveals tenderness in the facet joints, thoracic and lumbar regions. There is limited range of motion in the lumbar spine and positive facet loading on the right. The sensory exam reveals right L5 numbness. The straight leg raise is positive on the right causing pain in the ankle. The current medications included Norco, Norflex, Relafen and Lidopro cream. She states the medications lower the pain from 7/10 to 4-5/10 on pain scale and take the edge off. There is no previous reports of a urine drug screen noted but the record notes one dated 2/4/15 is consistent with the medications prescribed. The physician requested treatments included Retrospective CM4-caps 0.05% + 4% Cyclo Cream DOS 03/25/15 and Retrospective Diclofenac Sodium ER 100mg, #60 DOS 03/25/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective CM4-caps 0.05% + 4% Cyclo Cream DOS 03/25/15: Upheld

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

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

Decision rationale: Retrospective CM4-caps 0.05% + 4% Cyclo Cream DOS 03/25/15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical analgesics are largely experimental and that topical muscle relaxants such as Cyclobenzaprine are not recommended as there is no peer-reviewed literature to support use. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines do not support topical Cyclobenzaprine and the documentation does not indicate extenuating circumstances, which would necessitate going against the guideline recommendations. For these reasons the request for retrospective CM4-caps 0.05% + 4% Cyclo Cream DOS 03/25/15 is not medically necessary.

Retrospective Diclofenac Sodium ER 100mg, #60 DOS 03/25/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Diclofenac.

Decision rationale: Retrospective Diclofenac Sodium ER 100mg, #60 DOS 03/25/15 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The ODG states that Diclofenac is not recommended as first line due to increased risk profile and per a large systematic review of available evidence on NSAIDs confirms that Diclofenac, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. The MTUS guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The MTUS states that there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Diclofenac is not medically necessary, as the patient has been on NSAIDs long term, which is not in accordance with the MTUS Guidelines. Furthermore, the guidelines recommend against Diclofenac use due to increased risk profile. For these reasons, the request for Diclofenac is not medically necessary.

