

Case Number:	CM14-0145816		
Date Assigned:	09/12/2014	Date of Injury:	06/08/2014
Decision Date:	10/14/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 41-year-old female who reported an injury on 06/08/2014 due to a slip and fall. The injured worker has diagnoses of lumbar sprain/strain, lumbosacral or thoracic neuritis or radiculitis unspecified and myofascial pain. Past medical treatment consists of ultrasound therapy, the use of a TENS unit, physical therapy, lumbar support brace, heating pads and medication therapy. Medications include Diclofenac, Tramadol, Cyclobenzaprine and Methoderm gel. On 07/2014 the injured worker underwent an MRI of the lumbar spine. On 08/26/2014 the injured worker complained of low back pain. The physical examination revealed that the injured worker had tenderness to palpation on the lumbar spine. There was decreased lumbar extension of 10/30, flexion 15/90 and decreased bilateral lateral flexion. It was also noted that the injured worker was positive for spasms on the paraspinal musculature. Medical treatment plan was for the injured worker to continue the use of medication, continue with a TENS unit and home exercise program. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-71.

Decision rationale: The request for Diclofenac Sodium ER 100mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that Diclofenac is a prescription nonsteroidal anti-inflammatory medication. All NSAIDs carry a risk of adverse cardiovascular events including myocardial infarction, stroke and worsening hypertension. The guidelines also state that NSAIDs can cause GI symptoms such as ulcers, bleeding in the stomach, abdominal cramps, nausea and diarrhea. Nonprescription medication may be sufficient for both acute and subacute symptoms when used in conjunction with activity modification and ice and/or heat therapy. As guidelines stipulate that NSAIDs should be used for short term therapy, the submitted report did not submit any evidence as to when the injured worker started using Diclofenac as a medication therapy. The documentation also lacked any indication of side effects. The efficacy of the medication was not submitted for review. Additionally, the request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Diclofenac Sodium ER 100mg #60 is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain Procedure Summary, muscle relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine), Page(s): 41-42, 64.

Decision rationale: The request for Flexeril 7.5mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule states that Cyclobenzaprine (Flexeril) is recommended for short term course therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at a price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The medication is not recommended to be used for longer than 2 to 3 weeks. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request as submitted is for Flexeril 7.5 mg with a quantity of 60, exceeding the recommended guidelines for short term use. The submitted documentation also lacked any quantified information regarding pain relief, and there was nothing noted as to whether the above medication helped the injured worker with any functional deficits. There was no assessment regarding current pain on a VAS, average pain, intensity of pain or longevity of pain. In addition, there was no mention of lack of side effects. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Flexeril 7.5mg #60 is not medically necessary.

Menthoderm gel 120gm 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain Procedure Summary, topical analgesics

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

Decision rationale: The request for Methoderm gel 120gm 4oz is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contain at least 1 drug that is not recommended, is not recommended. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Methoderm consists of methyl salicylates 15% analgesic/counter adherent and menthol 10% analgesic/counter adherent. Given the above, Methoderm is not recommended by the MTUS. Furthermore, there is no literature to support the efficacy, and the advantage for over the counter medication or other medications already being prescribed. Additionally, there was no indication that the injured worker had trialed and failed any antidepressant and anticonvulsant. The request as submitted did not indicate a dosage, frequency or duration. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for Methoderm gel 120gm 4oz is not medically necessary.