

Case Number:	CM14-0213384		
Date Assigned:	12/30/2014	Date of Injury:	01/22/2007
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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

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:

The injured worker is a 63 year-old female with a date of injury of January 22, 2007. The patient's industrially related diagnoses include displacement of the lumbar intervertebral disc, degeneration of the lumbar intervertebral disc, pelvic/hip pain, and myalgia. Diagnostic workup includes an EMG/NCV of LE on 9/4/2014 which indicated moderate axonal and demyelinating left superficially peroneal sensory neuropathy and mild axonal peroneal motor neuropathy. An MRI of L/S on 10/22/2014 indicated L5-S1 marked disc degeneration and grade 1 (6 mm) spondylolisthesis due to bilateral pars defects causing marked bilateral foraminal stenosis with evidence of nerve root impingement. At L4-5 there was a right paracentral 2 mm disc protrusion with annular fissure. At L2-3 and L3-4 there was mild bilateral facet arthropathy causing 1-2 mm anterolisthesis and mild bilateral foraminal narrowing. The disputed issues are Voltaren Gel 1% 2 grams, Cyclobenzaprine 7.5mg #90, and Hydrocodone APAP 5/325mg. A utilization review determination on 11/26/2014 had non-certified these requests. The stated rationale for the denial of Voltaren gel was: "As benefits are not lasting and this patient has chronic pain and oral NSAID medication is supported, there is inadequate compelling reason to override the guidelines. Efficacy of prior Voltaren gel use is also unstated. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request for Voltaren Topical Gel 1%, 2 grams, applied topically 3 times per day is not medically necessary and is non-certified." The stated rationale for the denial of Cyclobenzaprine was: "Concerning Cyclobenzaprine (Flexeril), the doctor states there are no detailing of spasms and the pain/functional improvement with prior use are not provided. The doctor states that use

was stopped and has been appealed in IMR. There is a lack of adequate guideline and scientific support for use. The information provided does not present overriding evidence to cited guideline above and the request for medical necessity cannot be established." Lastly, the stated rationale for the denial of Hydrocodone APAP was: "There is no documentation of functional improvements in ADLs as a result of Hydrocodone/APAP use. Opioid monitoring is not documented with evidence of opioid contract, CURES reports, urine drug testing, pill counts, and no impairment, abuse, diversion, or hoarding.... These benefits are not documented in prior reports at the time of Norco use and the benefits of NSAIDS may be assessed with the concurrent supported review. The information provided does not establish that the cited guidelines are met and that there is medical necessity for Norco use."

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1% 2 grams: 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 Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 112.

Decision rationale: Regarding the request for Voltaren gel, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support, provided there are no contraindications to the use of oral NSAIDs. Within the medical records submitted for review, there is no indication that the injured worker has obtained any specific analgesic effect (in terms of percent reduction in pain, or reduced NRS) from the use of Voltaren gel. Additionally, there is no documentation that the injured worker is unable to tolerate oral NSAIDs, which are preferred, since Ibuprofen 600mg TID is listed as a current medication that the injured worker is taking. Lastly, there is no documentation that the Voltaren gel is for short term use, as recommended by guidelines, since the documentation indicates the injured worker has been on this medication since at least 1/7/2014. In the absence of clarity regarding these issues, the currently requested Voltaren gel is not medically necessary.

Cyclobenzaprine 7.5 milligrams #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the

medical records available for review, there was documentation that Cyclobenzaprine previously improved the injured worker's left sided pain, but her pain increased and functional level decreased after this medication was denied in 6/2014 and the injured worker was no longer able to take it. However, it does not appear that this medication was being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines, since the records indicate she had been taking it since at least 1/7/2014. The most recent progress notes from 6/4/2014-9/15/2014 indicate that the provider was requesting authorization for Baclofen, another muscle relaxer, not Cyclobenzaprine; however, it is unclear whether Baclofen was approved and the prescription filled. Furthermore, there is no rationale provided as to why two different muscle relaxers are being prescribed for this injured worker. In light of these issues, the currently requested Cyclobenzaprine 7.5mg #90 is not medically necessary.

Hydrocodone APAP 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009). Page(s): 75-80.

Decision rationale: With regard to the request for Hydrocodone APAP 5/325mg (Norco), the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. Within the medical records available for review, the requesting provider did not adequately document monitoring of all four domains. Pain relief was documented as at least 50% when the injured worker previously took the medication in January 2014, and a significant increase in her pain symptoms was documented without medication. Furthermore, functional level is decreased without medication where the injured worker has difficulty with her ADLs (like dusting) which she previously performed when she was on her medications. Lastly, it was noted that she did not experience side effects previously. However, there was insufficient documentation regarding possible aberrant drug-related behavior. There was no documentation that an updated urine drug screen (UDS) has been performed to confirm compliance prior to initiating opioids again since the last UDS was inconsistent and positive for marijuana (which the injured worker used for sleep sometimes). However, the Hydrocodone APAP was discontinued for that reason. The provider indicated that he would be in favor of retesting the injured worker and asking for a psychological evaluation of appropriateness of opiate use, but these have not been completed. Furthermore, there was no documentation of a signed opioid agreement and no CURES report to confirm that the injured worker is not getting opioids from another practitioner. Based on the lack of documentation, medical necessity of this request cannot be established at this time.

Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.