MAXIMUS Federal Services

Case Number:	CM14-0217810		
Date Assigned:	01/07/2015	Date of Injury:	02/26/2013
Decision Date:	03/05/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/29/2014

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: New York, Tennessee
Certification(s)/Specialty: Emergency 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:

This is a 52-year-old female with a work related injury dated February 26, 2013. The injury was described as an incident where she tried to break the fall of a heavy patient that resulted in a twisting injury to her neck as well as pain in the left arm and shoulder. At the time of this injury, the worker continued to work and pain got progressively worse and extended to a sharp shooting pain down her left upper extremity into her hand. At the physician's visit, dated November 12, 2014, the worker was reported to have undergone a right C4-C5 cervical epidural injection on September 29, 2014 and as a result had complete resolution of the right-sided radicular symptoms and over all pain relief by 70 percent in the neck and mid scapular area. The pain had started to return in the right side of the neck and the mid scapular area but the right upper extremity pain remained resolved. Pain at the time of this visit included pain in her neck with associated cervicogenic headaches as well as pain radiating down her right upper extremity. The neck pain was rated a six on a scale of ten and was aggravated by any type of bending, twisting and turning. There was also right shoulder pain that was aggravated by any type of overhead activity; this pain was documented as resulting from over compensation using her right upper extremity. The worker had post-laminectomy syndrome with the cervical spine following a cervical laminectomy. On October 23, 2013, the worker had a computed tomography of the cervical spine that revealed a disc bulge at the C4-C5 and the C3-C4 as well as moderate foraminal stenosis at the C4-C5. The physician had requested authorization for a cervical epidural injection at the right C4-C5. Pain was reported be controlled with non-steroid anti-inflammatory medications (NSAID), Neurontin and Voltaren gel. The worker also had Norco

for severe pain but the worker rarely took this medication. The worker took Xanax for anxiety; Prilosec for gastritis and Ultram ER when her pain was not controlled with NSAIDs but is not severe enough for Norco. The worker also had muscle spasms and was treating this with Flexeril. Physical exam was remarkable for tenderness to palpation of the posterior cervical musculature with numerous trigger points that was palpable and tender throughout the cervical paraspinal muscles, range of motion decreased in the cervical spine. Sensation was decreased along the right lateral arm and forearm in the C5-C6 distribution. Range of motion of both shoulders was also decreased. Diagnoses at this visit included cervical myoligamentous injury with left upper extremity radicular symptoms, cervical post-laminectomy syndrome with right upper extremity radicular symptoms, left shoulder internal derangement, right shoulder sprain/strain, medication-induced gastritis and reactionary depression and anxiety. Treatment plan at this visit included pain management with Norco, Ultram ER, Neurontin, Voltaren Gel, Baclofen and Xanax. The utilization review decision dated December 4, 2014 non-certified the request for Voltaren Cream one percent and Baclofen 10mg, count 90. The rationale for non-coverage of the Voltaren Cream stated that the CA MTUS states that Voltaren cream is for the relief of osteoarthritis pain in the joints that lend themselves to topical treatment. It has not been evaluated for treatment of the spine, hip or the shoulder. The records indicated the worker has cervical spine and shoulder pain, both of which Voltaren gel is not currently indicated and is therefore not medically necessary. The rationale for non-coverage of Baclofen 10mg, 90 count reflected that the CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The medical record did not indicate that the worker has low back pain or muscle spasticity and the long-term use of muscle relaxants are not indicated, the request was therefore non-certified as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren cream 1%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Pain, Diclofenac

Decision rationale: Voltaren gel is the topical non-steroidal anti-inflammatory drug (NSAID) diclofenac. Topical NSAIDS have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. It is 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. In this case the patient is suffering from neck and shoulder pain. There is no documentation that the patient is suffering from

osteoarthritis. In addition there is no evidence that Voltaren gel is beneficial for neck or shoulder pain. Medical necessity has not been established. The request should not be authorized.

Baclofen 10mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63-64.

Decision rationale: Baclofen is a muscle relaxant, recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. Side effects include sedation, dizziness, weakness, hypotension, nausea, respiratory depression, and constipation. In this case the patient does not have multiple sclerosis or spinal cord injury. There is no documentation of muscle spasm. There is no indication for the use of baclofen. The request should not be authorized.