

Case Number:	CM14-0218017		
Date Assigned:	01/07/2015	Date of Injury:	08/19/2011
Decision Date:	03/09/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/30/2014

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

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 49 year old female continues to complain of left ankle pain, numbness, tingling and swelling, as well as low back pain with loss of motion, stemming from a work related injury reported on 8/19/2011. Diagnoses include: lumbar muscuologamentous sprain/strain with left lower extremity radiculitis secondary to altered gait; disc desiccation at lumbar 5-sacral 1 with abutment of descending sacral 1 nerve root and bilateral central narrowing, and left foraminal disc protrusion at lumbar 4-5 with mild abutment of the exiting left lumbar 4 nerve root; and left hip sprain/greater trochanteric bursitis secondary to gait. Treatments have included: consultations: diagnostic imaging studies; activity modification and/or physical therapy (stated); and medication management. The injured worker (IW) is noted to be classified as temporarily totally disabled and is not working. The PR-2, dated 6/12/2014, show the treatment plan to include continuing medications that are listed to be Voltaren gel and Xanax. The PR-2, dated 8/5/2014 show the treatment plan to include continuing medications listed to be Voltaren gel, Axid, Fexmid and Colace. The PR-2, dated 9/17/2014, show no treatment plan or medications, but the following request for authorization for that visit, shows 2 re-fills of Voltaren gel. The comprehensive pain management report, dated 10/21/2014, shows current medications to include Axid, Fexmid and Voltaren gel. The PR-2, dated 11/24/2014, show the treatment plan to include surgical consultation, continuing home exercise program and continuing medications listed to be Voltaren gel, Prilosec, and Fexmid. On 12/8/2014 Utilization Review non-certified, for medical necessity, the request for Fexmid 7.5mg #60, Voltaren gel 1% and 1 lumbar epidural steroid. The rationales given are as follows: Fexmid is only recommended for a short course of

therapy due to the adverse side effects, no longer than 2-4 weeks; Voltaren gel has been used for over a year but is only recommended for 4-12 weeks; and because a left lumbar 4-5 and bilateral lumbar 5-sacral 1 epidural steroid injection had been previously authorized (11/5/14) but not scheduled, there is no reason to re-certify the prior request or additional request. Medical Center procedure notes, dated 12/12/14 and after this UR, note a fluoroscopically guided cannulation of the left lumbar epidural steroid injection was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for Fexmid 7.5mg #60. The patient is currently taking Axid, Fexmid and Voltaren gel. The patient has been utilizing Fexmid since at least 08/05/14. MTUS guidelines page 63-66 states: "Muscle relaxants -for pain-: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine - Flexeril, Amrix, Fexmid, generic available: Recommended for a short course of therapy." In this case, none of the reports discuss specifically this medication except the request. The treater does not indicate that this medication is to be used for a short-term. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare ups. The request of Fexmid is not medically necessary.

Voltaren gel 1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, NSAIDs, GI symptoms and cardiovascular risk.

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

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for Voltaren Gel 1%. The patient is currently taking Axid, Fexmid and Voltaren gel. Per the utilization review letter on 12/08/14, the patient has been utilizing Voltaren gel more than a year. MTUS guidelines page 111 "primarily recommends topical creams for neuropathic pain when trials of antidepressants and anticonvulsants have failed." It indicates "FDA-approved agents: Voltaren Gel 1% - diclofenac for relief of

osteoarthritis pain in joints that lend themselves to topical treatment --ankle, elbow, foot, hand, knee, and wrist--. Maximum dose should not exceed 32 g per day --8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity."In this case, as one of diagnoses, Achilles tendinitis, indicates, the patient does present with peripheral joint arthritis/tendinitis problems in his left ankle for which this topical product may be indicated. However, there is no indication of how Voltaren gel has been helpful in terms of decreased pain or functional improvement. None of the reports included in this file discuss medication efficacy. Furthermore, the request does not specify dose of this cream. The request is not medically necessary.

One lumbar epidural steroid injection: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for Lumbar Epidural Steroid Injection - ESI. The MRI of the lumbar spine from 06/16/14 reveals 1) at L5-S1, a broad 3mm disc protrusion resulting in abutment of the descending S1 nerve root bilaterally with a mild degree of central canal narrowing 2) at L4-5, a 3mm left foraminal disc protrusion resulting in mild abutment of the exiting left L4 nerve root. MTUS pages 46 and 47 states that Epidural Steroid Injections are recommended as an option for the treatment of radicular pain with corroborative findings for radiculopathy. MTUS further states that for diagnostic purposes a maximum of two injections should be performed. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year."In this case, this patient's chronic radicular symptoms are well documented including the physician's diagnosis. Per 11/24/14 progress report, physical examination reveals straight leg raising test elicits left lower extremity radicular pain down the L4-5 nerve root distribution. MRI of the lumbar spine from 06/14/14 supports left lower extremity radiculitis. The treater requested lumbar ESI for left L4-5 and bilateral L5-S1 "to reduce pain and inflammation, restoring range of motion and thereby facilitating progress and more active treatment programs and avoid surgery." This request appears to be reasonable. It would appear this request was already authorized per 12/8/14 stating "Lumbar ESI in the left L4- 5 and bilateral L5-S1 regions had been certified on 11/05/14" The 11/24/14 progress report indicates "the patient is to schedule authorized lumbar epidural steroid injection with Dr. ■." The request is medically necessary.