

Case Number:	CM15-0113283		
Date Assigned:	06/19/2015	Date of Injury:	03/22/2006
Decision Date:	07/21/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/11/2015

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: 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 47 year old male, who sustained an industrial injury on March 22, 2006. The mechanism of injury was not provided. The injured worker has been treated for back and knee complaints. The diagnoses have included chronic axial back pain secondary to spondylolisthesis, right knee medial meniscus tear, joint pain, mood disorder and left knee and left ankle discomfort secondary to an altered gait. Treatment to date has included medications, radiological studies, physical therapy, acupuncture treatments, transcutaneous electrical nerve stimulation unit, a home exercise program and right knee surgery times two. Current documentation dated May 28, 2015 notes that the injured worker reported increasing low back pain. The pain level was rated a three out of ten on the visual analogue scale with medications. Examination of the lumbar spine revealed tenderness to palpation over the paravertebral muscles, hypertonicity and tight muscle bands on both sides. Range of motion was noted to be painful and restricted by pain. Lumbar facet loading was positive on both sides. A straight leg raise test was negative. The injured worker notes that his medication regime manages his pain well. The treating physician's plan of care included a request for Zorvolex # 60 with 2 refills and Salonpas Patch 10-3% # 30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zorvolex 35mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Zorvolex is a brand formulation of diclofenac. Regarding the request for diclofenac, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is a note dated 5/28/15 which indicate that this medication is being trialed. This was done after there was denial of Celebrex by the utilization review process. According to the guidelines, NSAIDs should generally be used for short-term, and while a trial is appropriate, it is not appropriate to request an initial 3 month supply. The time interval of the trial should be shorter, but the IMR process does not allow for modification. The original request is therefore not medically necessary.

Salonpae patch 10-3% #30 with 2 refills: 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: Salonpas Patch 10-3% is a topical patch consistent of methyl salicylate and menthol. The CPMTG states that in order for a compounded topical medication to be recommended, all components of the compounded formulation must be recommended. With regard to menthol, there are no provisions for topical menthol in the California Medical Treatment Utilization Schedule. Therefore the Official Disability Guidelines are referenced, which support the use of menthol only in the context of acute low back pain as an alternative to ice packs. Specifically, the Official Disability Guidelines Low Back Chapter under the Biofreeze and Cryotherapy section state: "Recommended as an optional form of cryotherapy for acute pain. See also Cryotherapy, Cold/heat packs. Biofreeze is a nonprescription topical cooling agent with the active ingredient menthol that takes the place of ice packs. Whereas ice packs only work for a limited period of time, Biofreeze can last much longer before reapplication. This randomized controlled study designed to determine the pain-relieving effect of Biofreeze on acute low back pain concluded that significant pain reduction was found after each week of treatment in the experimental group. (Zhang, 2008)" Given that this worker does not have documentation of acute low back pain (but instead has chronic pain), the topical menthol is not medically necessary. Therefore, the entire formulation is not medically necessary.