

Case Number:	CM15-0118870		
Date Assigned:	07/01/2015	Date of Injury:	04/02/2010
Decision Date:	09/10/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/19/2015

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: New York
 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:

The injured worker is a 30 year old female, who sustained an industrial injury on 04/02/2010. She has reported subsequent low back and right lower extremity pain and was diagnosed with right knee pain, myositis ossificans of the right thigh, chondromalacia, medial patella facet, status post mass removal, right thigh and status post right knee arthroscopy. Other diagnoses included gastritis and non-steroidal anti-inflammatory (NSAID) intolerance. Treatment to date has included oral and topical pain medications, physical therapy, home exercise program and TENS unit. In a progress note dated 04/06/2015, the injured worker complained of low back and right thigh and knee pain that was rated as 7/10 with medication and 10/10 without medication. The injured worker reported that the pain had worsened and also reported episodes of gastritis and gastroesophageal reflux disease (GERD) related gastrointestinal (GI) upset. Objective findings were notable for slow gait, utilization of a cane to ambulate, tenderness to palpation of the right knee, hypersensitivity in the right lower extremity and right thigh muscle spasm. The physician noted that the injured worker's Tizanidine was being discontinued due to limited response and denial by worker's compensation. The injured worker remained temporarily totally disabled and was noted to be off work. A request for authorization of Baclofen 20 mg #60, Ibuprofen 800 mg #90 and Flector patch 1.3% #60 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Muscle relaxants (for pain).

Decision rationale: The California MTUS Guidelines and the ODG recommends non-sedating muscle relaxants, such as Baclofen, with caution as a second-line option for short-term treatment of acute low back pain (LBP), and for short-term (<2 weeks) treatment of acute exacerbations in patients with chronic LBP. The mechanism of action is blockade of the pre- and post-synaptic GABA receptors. It is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. It is also a first-line option for the treatment of dystonia. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, there is no documentation provided necessitating the use of Baclofen. The injured worker was previously prescribed another muscle relaxant (Tizanidine) for several months with only minimal improvement noted. There is also no evidence of an acute exacerbation of pain to support use and the injured worker is not diagnosed with conditions (dystonia, multiple sclerosis, spinal cord injuries, chronic low back pain or lancinating, paroxysmal neuropathic pain) for which this medication is indicated. Therefore, the request for authorization of Baclofen 20 mg #60 is not medically necessary.

Ibuprofen 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Ibuprofen Page(s): 67-68, 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAID's.

Decision rationale: Motrin (Ibuprofen), is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain in this condition. MTUS indicates that the physician should weight the indications for NSAID's against both gastrointestinal (GI) and cardiovascular risk factors. The documentation shows that the injured worker was experiencing continued gastrointestinal distress including episodes of gastritis and gastroesophageal reflux disease (GERD) and was also diagnosed with NSAID intolerance. There was no indication from the physician as to the injured worker's current risk for GI issues or the

plan for reducing the risk of further GI distress. Since the level of GI risk is uncertain and the injured worker has a history of NSAID intolerance and continued GI issues, the appropriateness of the use of Ibuprofen is not supported by the documentation. Therefore, the request for authorization of Ibuprofen 800 mg #90 is not medically necessary.

Flector patch 1.3% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Flector patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Flector patch.

Decision rationale: As per CA MTUS guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Topical Diclofenac (Flector) 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." There is no evidence of a trial or failure of anti-epileptic agents. As per ODG, Flector patch is indicated for acute strains, sprains and contusions and there is no evidence to support effectiveness for treatment of chronic musculoskeletal pain or data to indicate efficacy of Flector beyond two weeks. The documentation submitted does not indicate that there is an acute exacerbation of pain and there is no evidence support the effectiveness of Flector patches for long term use. In addition, as per CA MTUS guidelines for treatment of chronic pain, "only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change." The most recent progress note shows that other pain medication changes were being made concurrently at the time of this request including the discontinuation of a muscle relaxant, the addition of another muscle relaxant and the start of a non-steroidal anti-inflammatory (NSAID) medication. This is antithetical to MTUS guidelines which indicate that other interventions should remain unchanged at the time of a medication change. Therefore, the request for authorization of Flector patches #180 is not medically necessary.