

<b>Case Number:</b>	CM15-0124029		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Family Practice

### 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 32 year old female, who sustained an industrial injury on June 17, 2013. Treatment to date has included lumbar epidural steroid injection, lumbar facet joint injections, acupuncture, EMG/NCV, and lumbar medial branch block. Currently, the injured worker complains of low back pain with associated stiffness and right hip pain. She describes her pain as dull, aching, sharp, shooting pain which is intermittent in frequency. The pain radiates to the bilateral hips and is aggravated with prolonged sitting, standing and walking. She reports that she is have no radicular lower extremity pain since she received a lumbar epidural steroid injection in November 2014. She rates her pain a 7 on a 10-point scale. Her current medication regimen includes Fexmid, Ultram ER and Voltaren. On physical examination the injured worker has severe tenderness to palpation over the facet joints at L5-S1 and L3-L5. She has tenderness to palpation over the bilateral sacroiliac joints and has tightness and trigger points in the lumbar spine musculature. Her lumbar spine range of motion is limited. The diagnosis associated with the request is lumbago. The treatment plan includes bilateral lumbar radiofrequency ablation, continued Fexmid, Ultram ER and Voltaren, and continued home exercise. Work status is temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram ER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76 - 78, 93 - 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Per the MTUS guidelines, the long term use of opioids is not supported for chronic non-malignant pain due to the development of habituation and tolerance. In this case, the injured worker is in the chronic phase of injury and despite ongoing chronic opioid use, there is no evidence of significant subjective or objective functional improvement. The injured worker is noted to continue complaining of pain levels up to 7/10 and the injured worker remains on temporarily totally disabled work status. The request for Ultram ER is not medically necessary and appropriate.

**Voltaren XR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67, 68 and 71.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 21-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Diclofenac.

**Decision rationale:** According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the medical records indicate that the injured worker has been prescribed non-steroidal anti-inflammatory medications for an extended period of time, and there is no evidence of improvement in pain or function to support the continued use of this medication. Furthermore, Diclofenac is not recommended as a first line agent due to higher cardiovascular risk profile. As noted in ODG, "A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack, that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" The request for Voltaren XR is not medically necessary and appropriate.

**Fexmid:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, Fexmid is recommended as an option, using a short course of therapy. References state that Fexmid is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. Chronic use of muscle relaxants is not supported and as such the request for Fexmid is not medically necessary and appropriate.