

<b>Case Number:</b>	CM15-0162951		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	07/26/2010
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 56 year old male, who sustained an industrial injury on 7-26-10. The injured worker is being treated for chronic pain, lumbosacral spondylosis and sprain-strain of lumbar region. Treatment to date has included oral medications including Cyclobenzaprine 7.5mg, Tramadol 37.5mg, Tylenol 325mg; topical Diclofenac cream; lumbar laminectomy; massage therapy, acupuncture, physical therapy, chiropractic therapy and activity modifications.. On 8-12-15, the injured worker complains of chronic low back pain with no acute changes; pain is rated 7-8 out of 10 without medications and 2-3 out of 10 with medications. He is currently working. Physical exam performed on 8-3-15 revealed spasm and hypertonicity in lumbar paraspinal musculature, pain with loading of facet joint bilaterally, tenderness to palpation of the lower lumbar paraspinal muscles and tenderness to palpation over the lower thoracic paraspinal muscles bilaterally. The treatment plan on 8-3-15 included requests for Flexeril 7.5mg #90, Tramadol/apap 37.5/325mg #90 and Diclofenac Sodium 1.5gm #1 and 6 sessions of massage therapy. On 8-12-15 a request for Flexeril 7.5 mg #90, Tramadol/apap 37.5/325mg #90 and Diclofenac Sodium 1.5gm #1 was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine/Flexeril 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The injured worker sustained a work related injury on 7-26-10. The injured worker is being treated for chronic pain, lumbosacral spondylosis and sprain-strain of lumbar region. Treatment to date has included oral medications including Cyclobenzaprine 7.5mg, Tramadol 37.5mg, Tylenol 325mg; topical Diclofenac cream; lumbar laminectomy; massage therapy, acupuncture, physical therapy, chiropractic therapy and activity modifications. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine/Flexeril 7.5mg #90; the request is not medically necessary. The 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. Cyclobenzaprine is a muscle relaxant with the recommended dosing of 5-10 mg three times a day for 2-3 weeks. The records indicate the injured worker has taken this for several months.

**Tramadol/APAP 37.5/325mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids for neuropathic pain.

**Decision rationale:** The injured worker sustained a work related injury on 7-26-10. The injured worker is being treated for chronic pain, lumbosacral spondylosis and sprain-strain of lumbar region. Treatment to date has included oral medications including Cyclobenzaprine 7.5mg, Tramadol 37.5mg, Tylenol 325mg; topical Diclofenac cream; lumbar laminectomy; massage therapy, acupuncture, physical therapy, chiropractic therapy and activity modifications. The medical records provided for review do indicate a medical necessity for Tramadol/APAP 37.5/325mg #90. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. The MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has significant benefit from this medication; the medication is used sparingly when the pain becomes unbearable, as evidenced by the fact that the injured worker did not require refill of this medication on several visits. The injured worker is working, though on restrictions. The injured worker is being monitored for illicit activity, adverse effects and activities of daily living. Based on the fact that this medication is not being used continuously and the use is following the guidelines recommendation, the requested treatment is medically necessary.

**Diclofenac sodium 1.5% 60gm #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** The injured worker sustained a work related injury on 7-26-10. The injured worker is being treated for chronic pain, lumbosacral spondylosis and sprain-strain of lumbar region. Treatment to date has included oral medications including Cyclobenzaprine 7.5mg, Tramadol 37.5mg, Tylenol 325mg; topical Diclofenac cream; lumbar laminectomy; massage therapy, acupuncture, physical therapy, chiropractic therapy and activity modifications. The medical records provided for review do not indicate a medical necessity for Diclofenac sodium 1.5% 60gm #1. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS recommends that any compounded product that contains at least one drug (or drug class) that is not recommended. The MTUS states that Voltaren Gel 1% (diclofenac): 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. Therefore, the requested treatment is not medically necessary, firstly because the strength is not the strength recommended by the MTUS, secondly because Topical Diclofenac is not medically necessary for the spine.