

Case Number:	CM15-0170070		
Date Assigned:	09/10/2015	Date of Injury:	10/08/2010
Decision Date:	10/08/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/28/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 46-year-old male, who sustained an industrial injury on 10-8-2010. The current diagnoses are cervical facet, lumbar facet, and myofascial pain. According to the progress report dated 8-7-2015, the injured worker complains of continued neck and lower back pain. On a subjective pain scale, he rates his pain 6-7 out of 10 with medications and 8 out of 10 without. The physical examination reveals tender cervical and lumbar paraspinal muscles with trigger point tenderness. In addition, there was tenderness of the cervical and lumbar facets. The medications prescribed are Mobic, Flexeril, topical cream, and Tramadol (added). There is documentation of ongoing treatment with Fexmid and Voltaren since at least 6-26-2015. Treatment to date has included medication management. Work status is described as "continue current employment". The original utilization review (8-20-2015) had non-certified a request for Fexmid, Tramadol, and Voltaren XR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fexmid 7.5mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical facet; lumbar facet; and myofascial pain. The date of injury is October 8, 2010. Request authorization is October 7, 2015. According to a single progress note by the requesting provider dated August 7, 2015 (pain management provider), subjectively the injured worker complains of ongoing neck and low back pain 7/10. Objectively, there is tenderness to palpation over the paraspinal muscle groups both cervical and lumbar with trigger points. There are tender facets. Current medications include Mobic 15mg, Flexeril, topical analgesics and Tramadol 50 mg. Voltaren XR is not documented in the progress note. There is no clinical indication or rationale for Voltaren XR. Flexeril's duration of use cannot be determined from the medical record. Flexeril is indicated for short-term (less than two weeks). Additionally, there is no documentation indicating acute low back pain or an acute exacerbation of chronic low back pain. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with duration of use for Flexeril and no documentation-demonstrating objective functional improvement with Flexeril, Fexmid 7.5mg #90 is not medically necessary.

Tramadol 50mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #60 with three refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical facet; lumbar facet; and myofascial pain. The date of injury is October 8, 2010. Request authorization is October 7, 2015. According to a single progress note by the requesting provider dated August 7, 2015

(pain management provider), subjectively the injured worker complains of ongoing neck and low back pain 7/10. Objectively, there is tenderness to palpation over the paraspinal muscle groups both cervical and lumbar with trigger points. There are tender facets. Current medications include Mobic 15mg, Flexeril, topical analgesics and Tramadol 50 mg. Voltaren XR is not documented in the progress note. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation indicating an attempt to taper Tramadol in the medical record. The documentation does not demonstrate objective functional improvement to support ongoing Tramadol. The duration of use is not specified in the medical record. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no detailed pain assessments or risk assessments, no documentation indicating an attempt to taper Tramadol and no documentation demonstrating objective functional improvement, Tramadol 50 mg #60 with three refills is not medically necessary.

Voltaren XR 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Voltaren XR 100mg #60 with two refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. Diclofenac is not recommended as a first-line drug due to its increased risk profile. In this case, the injured worker's working diagnoses are cervical facet; lumbar facet; and myofascial pain. The date of injury is October 8, 2010. Request authorization is October 7, 2015. According to a single progress note by the requesting provider dated August 7, 2015 (pain management provider), subjectively the injured worker complains of ongoing neck and low back pain 7/10. Objectively, there is tenderness to palpation over the paraspinal muscle groups both cervical and lumbar with trigger points. There are tender facets. Current medications include Mobic 15mg, Flexeril, topical analgesics and Tramadol 50 mg. Voltaren XR is not documented in the progress note. There is no clinical indication or rationale for Voltaren XR. The documentation indicates the injured worker, as noted above, is taking Mobic 15 mg. Mobic is a non-steroidal anti-inflammatory. There is no clinical rationale for two non-steroidal anti-inflammatory drugs. Moreover, as noted above, Voltaren XR does not appear progress note dated August 7, 2015. Based on clinical information the medical record, peer-reviewed evidence-based guidelines, no documentation of Voltaren XR in the medical record and any clinical indication or rationale for Voltaren XR, Voltaren XR 100mg #60 with two refills is not medically necessary.

