MAXIMUS Federal Services

Case Number:	CM15-0171361		
Date Assigned:	09/17/2015	Date of Injury:	06/12/2002
Decision Date:	10/23/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/31/2015

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, New York, California
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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 12, 2002. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve requests for Voltaren and Flexeril. An RFA form received on August 12, 2015 and an associated progress note of July 28, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On July 28, 2015, the applicant reported ongoing complaints of neck and arm pain, 4/10. The applicant was using oral Voltaren and Flexeril, it was reported. The treating provider contended that the applicant's medications were beneficial despite the applicant having reported a recent exacerbation in pain. Flexeril and Voltaren were renewed. Additional physical therapy was sought. The applicant's work status was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac.

Decision rationale: No, the request for Voltaren, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Voltaren do represent the traditional first line of treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the attending provider's July 28, 2015 progress note failed to outline the applicant's work status. While the attending provider stated that the applicant's medications had proven beneficial, the attending provider failed to outline specific functionalities ameliorated as a result of ongoing Voltaren usage. The attending provider failed, in short, to outline evidence of functional improvement with ongoing Voltaren usage in terms of the parameters established in MTUS 9792.20e. ODG's Chronic Pain Chapter Diclofenac topic also notes that diclofenac or Voltaren is not recommended as a first-line NSAID owing to its increased risk profile. The attending provider, however, failed to furnish a clear or compelling rationale for provision of Voltaren in favor of first-line NSAIDs such as Motrin or Naprosyn. Therefore, the request was not medically necessary.

Flexeril 10mg #60 with 3 refills: 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): Cyclobenzaprine (Flexeril).

Decision rationale: Similarly, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is "not recommended." Here, the applicant was in fact concurrently using Voltaren, i.e., another agent. The 60-tablet, 3-refill supply of cyclobenzaprine at issue, furthermore, represented treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.