

Case Number:	CM15-0173134		
Date Assigned:	09/15/2015	Date of Injury:	09/15/2001
Decision Date:	10/21/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/01/2015

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 60-year-old who has filed a claim for chronic low back and neck pain reportedly associated with an industrial injury of September 15, 2001. In a Utilization Review report dated August 15, 2015, the claims administrator failed to approve requests for Voltaren gel, cyclobenzaprine, and naproxen while approving Norco, Protonix, Duragesic, and Savella. The claims administrator referenced an RFA form dated August 11, 2015 and an associated progress note dated August 10, 2015 in its determination. The applicant's attorney subsequently appealed. On August 13, 2015, the applicant received acupuncture for ongoing complaints of low back pain. The applicant had derivative complaints of depression present, it was reported. Massage therapy was also performed. The applicant was on Lyrica, Savella, Lidoderm patches, Voltaren gel, cyclobenzaprine, Duragesic, Protonix, Norco, naproxen, it was reported. Permanent work restrictions were renewed. Additional acupuncture was sought. On August 12, 2015, the applicant reported ongoing complaints of low back pain with ancillary complaints of neck pain. Prolonged sitting and prolonged standing remained problematic, it was reported. Acupuncture and massage therapy were performed in the clinic. On August 10, 2015, the attending provider appealed multiple previously denied medications. The attending provider contended that the applicant's ability to perform self care and personal hygiene had been ameliorated as a result of ongoing medication consumption and reported reduction of pain score from 10/10 without medications to 7/10 with medications. The applicant was also using Duragesic, Norco, and naproxen, it was reported. The appeal letter was some 11 pages long and was highly templated. On July 28, 2015, the applicant reported 7/10, pain with medications

versus 10/10 pain without medications. The attending provider contended that the applicant was able to perform self-care and personal hygiene ameliorated as a result of ongoing medication consumption. The applicant's medications included naproxen, Norco, Protonix, Duragesic, Flexeril, Voltaren gel, Lidoderm patches, Savella, and Lyrica, it was reported. Permanent work restrictions were renewed. The applicant had undergone earlier failed lumbar spine surgery and had received multiple trigger point injections over the course of the claim, it was acknowledged. The applicant's work status was not explicitly discussed, although it did not appear that the applicant was working with permanent restrictions in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel, large tube #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: No, the request for Voltaren gel was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren, i.e., the article in question, has not been evaluated for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a body part for which topical Voltaren has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's concomitant usage of numerous first-line oral pharmaceuticals to include Lyrica, Norco, etc., effectively obviated the need for the Voltaren gel at issue. The attending provider failed to furnish a clear or compelling rationale for usage of Voltaren gel for a widespread region not easily amenable to topical application, the lumbar spine, particularly in the face of the tepid-to-unfavorable MTUS position on the same. Therefore, the request was not medically necessary.

Cyclobenzaprine 7.5mg, #90: 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 cyclobenzaprine (Flexeril) 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, using a variety of other agents, including naproxen, Lyrica, Savella, Norco, Duragesic, etc. The addition of cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 90-tablet supply of

cyclobenzaprine at issue represents 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.

Naproxen DR 500mg, #60: 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 rationale: Finally, the request for naproxen, an anti-inflammatory medication, was likewise 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 naproxen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain (LBP) reportedly present here, 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 applicant was not seemingly working with permanent restrictions in place, it was suggested on July 28, 2015. Ongoing usage of naproxen failed to curtail the applicant's dependence on opioid agents such as Duragesic and Norco, it was reported on that date. Activities of daily living as basic as sitting and standing remained problematic, it was reported on August 12, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of naproxen. Therefore, the request was not medically necessary.