

Case Number:	CM15-0175586		
Date Assigned:	09/16/2015	Date of Injury:	09/26/2012
Decision Date:	10/19/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/08/2015

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, Florida, 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 injured worker is a 64 year old male who sustained an injury on 9-26-12 resulting when he lost his balance and fell backwards on his back hitting the asphalt floor with his head. Treatment included physical therapy, exercise, TENS unit heat, ice and bilateral transforaminal injections. Diagnoses lumbar disc displacement without myelopathy; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; migraine; sprains and strains of shoulder and upper arm not otherwise specified. X-rays of the spine on 2-28-13; MRI lumbar spine performed on 6-13-13; and electrodiagnostic studies on 9-25-13. Norflex ER 100 mg at night was dispensed on 1-19-15 along with Diclofenac 100 mg 1 every night. In the most current progress report on 8-7-15, he is status post a bilateral L5-S1 transforaminal injection on 4-8-15 and continues to get about 50-60% improvement in his pain with the injection. He has improved range of motion, numbness and tingling in his lower extremity is better without severe pain. He rates the pain as 9 out of 10 without medication and 6-% down with medication. He goes to the gym 1-2 times a week and is able to do treadmill for 10 minutes at a time and stationary bike. He is not working. Lumbar examination reveals loss of normal lordosis with straightening of the lumbar spine; range of motion restricted flexion to 65 degrees; extension to 20 degrees; right lateral bending 20 degrees and left lateral bending 25 degrees; tenderness noted on both sides. Heel and toe walk are normal and straight leg raising test is positive. Medications are Insulin U100; Lipitor 10 mg; Metformin HCL 500; Tylenol 325 mg and Aspirin 81 mg. The plan was to continue exercise regimen and Norflex ER 100 mg at night #90 and Diclofenac 100 mg 1 every night #30. Utilization review 8- 17-15 requested treatments non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex ER 100mg #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): Muscle relaxants (for pain).

Decision rationale: Chronic Pain Medical Treatment Guidelines x Chronic Pain Medical Treatment Guidelines 8 C.C.R. MTUS (Effective July 18, 2009), page 65 of 127. This claimant was injured in 2012 with diagnoses of lumbar disc displacement without myelopathy; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; migraine; sprains and strains of shoulder and upper arm not otherwise specified. Exam showed normal lordosis with straightening of the lumbar spine; and range of motion deficits. No spasm is noted. Per the MTUS, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate available) is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. The MTUS says that the muscle relaxers should be for short-term use only for acute spasm. No spasm is noted. A prolonged use is not supported. The request is not consistent with a short-term use. The request is appropriately non-certified, therefore is not medically necessary.

Diclofenac 100mg 1 tab at bedtime #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (online version), Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R., and ODG, pain section, under Diclofenac, page 67. As shared, this claimant was injured in 2012 with diagnoses of lumbar disc displacement without myelopathy; thoracic or lumbosacral neuritis or radiculitis not otherwise specified; migraine; sprains and strains of shoulder and upper arm not otherwise specified. Exam showed normal lordosis with straightening of the lumbar spine; and range of motion deficits. No spasm is noted. The MTUS recommends non-steroidal anti-inflammatory drugs (NSAID) medication such as Diclofenac for osteoarthritis, at the lowest doses, and the shortest period possible. The use here appears chronic, with little information in regards to functional objective improvement out of the use of the prescription Naproxen. Further, the guides cite that there is no reason to recommend one drug in this class over another based on efficacy. It is not clear why a prescription variety of NSAID would be necessary; therefore,

when over the counter NSAIDs would be sufficient. There is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. It is appropriately non-certified, Also regarding Diclofenac, the ODG notes: Not recommended as first line due to increased risk profile. 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%. There was no documentation of the dosing schedule and there is no documentation of functional improvement from prior use to support its continued use for the several months proposed. Moreover, it is not clear if the strong cardiac risks were assessed against the patient's existing cardiac risks. The request was appropriately non-certified, therefore is not medically necessary.