

Case Number:	CM15-0176286		
Date Assigned:	09/17/2015	Date of Injury:	04/14/2014
Decision Date:	10/21/2015	UR Denial Date:	08/31/2015
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, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 38 year old male patient, who sustained an industrial injury on 04-14-2014. He sustained the injury due to fall into an empty pool after loss of consciousness. The diagnoses include lumbar disc degeneration, lumbar disc protrusion and lumbar disc displacement. Per the Progress notes dated 03-24-2015, 05-05-2015 and 06-16-2015 he had pain at 5-6 out of 10 on average, 6-7 out of 10 at worst and 2-6 out of 10 with medication. The physician noted that medications helped to reduce pain somewhat. Per the progress note dated 08-11-2015, he reported 100% pain relief for two weeks time after an epidural steroid injection three weeks prior but indicated that pain in the back and down the legs was recurring. The physical examination revealed tenderness to light and deep palpation throughout the lower lumbar spine, decreased range of motion of the lumbar spine, diminished global sensation to pinprick over the left leg and positive straight leg raise in the supine position to 75 degrees bilaterally for low back pain. The medications list includes voltaren and flexeril. He has had MRI of the lumbar spine dated 05-13-2014 which revealed a small left sided disc protrusion at L5-S1 with annular tear and evidence of disc degeneration. He has undergone lumbar ESI on 7/20/2015. He has had knee injections, lumbar brace and 12 sessions of physical therapy for this injury. Physical therapy and epidural injection were both noted to have resulted in significant pain reduction. A request for authorization of Voltaren 75 mg #60 with 1 refill and Flexeril 5 mg #60 with 1 refill was submitted. The request for Voltaren 75 mg #60 with 1 refill and Flexeril 5 mg #60 with 1 refill was non-certified as per the 08-31-2015 utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg #60 with 1 refill: 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 10/09/15) Anti-inflammatory medications Diclofenac.

Decision rationale: Diclofenac is an NSAID. According to the cited guidelines "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)" Patient had chronic low back pain. Therefore use of NSAIDs is medically appropriate and necessary. However, per the cited guidelines "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%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk..." The response and failure of other NSAIDs like naproxen and ibuprofen (with full therapeutic doses) is not specified in the records provided. The request for Voltaren 75mg #60 with 1 refill is not medically necessary or fully established as a first line NSAID due to its risk profile.

Flexeril 5mg #60 with 1 refill: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease". According to the records provided patient had chronic low back pain. Patient has objective findings on the physical examination tenderness to light and deep palpation throughout the lower lumbar spine, decreased range of motion of the lumbar

spine, diminished global sensation to pinprick over the left leg and positive straight leg raise in the supine position to 75 degrees bilaterally for low back pain. The patient has chronic pain with abnormal objective exam findings. According to the cited guidelines Flexeril is recommended for short term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Flexeril 5mg #60 with 1 refill is medically appropriate and necessary to use as prn during acute exacerbations.