

Case Number:	CM15-0091727		
Date Assigned:	05/18/2015	Date of Injury:	03/13/2010
Decision Date:	06/19/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/12/2015

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 38-year-old male sustained an industrial injury on 3/13/10. He subsequently reported low back pain. Diagnoses include lumbar spondylolisthesis and left sided lumbar radiculopathy. Treatments to date include nerve conduction, x-ray and MRI testing, modified work duty, psychotherapy and prescription pain medications. The injured worker continues to experience low back pain on 4/13/15. Upon examination, decreased range of motion throughout the lumbar spine, tenderness throughout the lumbosacral spine and paraspinals with paralumbar muscle spasms were noted. Straight leg raise testing was positive bilaterally. The patient has had history of muscle spasm. A request for Voltaren and Flexeril medications was made by the treating physician. The patient sustained the injury due to lifting. The patient has had EMG study on 8/6/10 that revealed L4-5 lumbar radiculopathy; MRI of the low back on 8/9/2010 that revealed degenerative changes and facet hypertrophy. The medication list include Flexeril, Tramadol, Etodolac and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel Topical 1% Qty: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

Decision rationale: Voltaren Gel Topical 1% Qty. Voltaren Gel is Diclofenac sodium topical gel that contains the active ingredient diclofenac diethylamine in the strength 11.6 mg/g (1.16% w/w) and non-medicinal ingredients include carbomer, cocoyl caprylocaprate, diethylamine, isopropyl alcohol, liquid paraffin, macrogol cetostearyl ether, perfume, propylene glycol, purified water. According to the MTUS Chronic Pain Guidelines, regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. Also, a doctor's note or prescription with the details of the medications prescribed or recommended was not specified in the records provided. In addition as per cited guideline for non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Voltaren Gel Topical 1% Qty day is not medically necessary for this patient.

Flexeril 10mg Qty: 180.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page 41-42 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Flexeril 10mg Qty: 180.00. According to CA MTUS guidelines cited below "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." Diagnoses include lumbar spondylolisthesis and left sided lumbar radiculopathy. The injured worker continues to experience low back pain on 4/13/15. Upon examination, decreased range of motion throughout the lumbar spine, tenderness throughout the lumbosacral spine and paraspinals with paralumbar muscle spasms were noted. Straight leg raise testing was positive bilaterally. The patient has evidence of muscle spasm on objective examination. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations Therefore with this, it is deemed that, the use of the muscle relaxant Flexeril 10mg Qty: 180.00 is medically appropriate and necessary in this patient.