

Case Number:	CM14-0148996		
Date Assigned:	09/18/2014	Date of Injury:	07/27/2001
Decision Date:	10/21/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 reported an injury on 07/27/2001. The mechanism of injury was not clearly indicated in the clinical notes. His diagnoses included cervical/thoracic, and lumbar sprain/strain with global myofascial pain disorder, cervical sprain/strain with spondylosis, and degenerative disc disease of the lumbar spine. The injured worker's past treatments included gym exercise, water therapy, transcutaneous stimulation, and medications. The injured worker's diagnostic exams included an MRI of the lumbar spine on an unspecified date. The injured worker's surgical history included a craniotomy on an unspecified date. On 09/11/2014, the injured worker complained of ongoing neck and back pain with muscle spasms. He stated that he continued to use a self-exercise regimen and water therapy at the local gym, which he found helpful. The injured worker also continued to use a transcutaneous stimulation unit daily to help manage pain, which helped decrease dependence on oral narcotics. He reported that the pain medications gave him a 50% reduction in his pain, and a 50% functional improvement with activities of daily living. He rated his pain at 9/10 at best, 4/10 with medication, and 10/10 without medication. The physical examination revealed multiple areas of trigger point tenderness with positive Jobe's signs throughout the cervical, thoracic, lumbar, paraspinal musculature, and shoulder vertebral areas. His motor strength, sensation, and deep tendon reflexes were grossly intact in the upper and lower extremities. It was also indicated that the injured worker walked with a limp to the right lower extremity. There were also signs of allodynia to light touch and summation to pinprick in the right lower extremity, with ankle skin being very cold to touch by comparison to the left counterpart. The injured worker's medications included Ultram ER, Celebrex 200 mg, Voltaren gel 1%, Skelaxin 800 mg, and BioFreeze roll on, 3 ounces. The treatment plan encompassed the continual use of his medications and the authorization for a new therapeutic cervical pillow and lumbar corset. Along with the

continuation of his gym activities and continued use of urine drug screens as appropriate. A request was received for Skelaxin 800 mg #90, Celebrex 200 mg #60, and Voltaren gel 1% 100 g 2. The rationale for the request was not clearly indicated in the clinical notes. The Request for Authorization form was signed and submitted on 09/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Skelaxin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63-65.

Decision rationale: The request for Skelaxin 800mg #90 is not medically necessary. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The use of antispasmodics such as, Skelaxin, are reported to be a relatively non-sedating muscle relaxant. However, in most low back pain (LBP) cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical notes, the injured worker had complaints of low back pain with spasms, which would warrant the use of a muscle relaxant. Also, the use of a non-sedating muscle relaxant, such as Skelaxin, would be supported by the guidelines. However, the clinical notes indicated that injured worker has been prescribed Skelaxin since 3/4/2014, which would not be supported by the guidelines. The guidelines state that prolonged use of some medications in this class may lead to dependence. Additionally, the clinical notes failed to indicate the efficacy of the medication over this long term period to warrant the continued use of the medication. There must be quantitative chronological evidence documented that indicates significant improvement in functionality and discomfort for the ongoing use of medications. Therefore, due to an extended duration of use, lack of documentation indicating significant chronological efficacy of the medication, and a lack of frequency of dose, the request is not supported. Thus, the request for Skelaxin 800mg #90 is not medically necessary.

Celebrex 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The request for Celebrex 200mg #60 is not medically necessary. The California MTUS guidelines recommend NSAIDs for acute exacerbations of chronic pain.

NSAIDs for this indication are recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. Clinicians should weigh the indications for NSAIDs against both gastrointestinal and cardiovascular risks. Based on the clinical notes, the injured worker complained of low back and neck pain. The indication for use would be supported by the guidelines. However, the guidelines state that NSAIDs for this indication are recommended as a second line treatment after Acetaminophen. There is a lack of documentation that the injured worker attempted the use of Acetaminophen first before utilizing Celebrex. Also, the clinical notes indicated that Celebrex has been used since approximately 03/2014. The clinical notes indicated the injured worker reported a pain score of 9/10 on 09/11/2014, which is evidence of diminished efficacy of the medication. The continued use of medication should be based on significant pain improvement and functionality. Therefore, due to lack of documentation indicating that the clinician performed an exam to identify gastrointestinal and cardiovascular risks, lack of evidence showing that the injured worker tried acetaminophen as a first line treatment, and evidence of long term use with decreased efficacy, the request is not supported. Thus, the request for Celebrex 200mg #60 is not medically necessary.

Voltaren Gel 1% 100g Tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The request for Voltaren Gel 1% is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In regard to the use of topical NSAIDs, such as Voltaren Gel 1%, the guidelines state that Voltaren Gel 1% is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day. Based on the clinical notes, the injured worker complained of neck, back, and muscle spasms. These diagnoses would not be supported as an indication for use of topical analgesics. Also, the clinical notes indicated that the injured worker's complaints were of a spinal nature, which would also not be supported by the guidelines. The guidelines state that topical treatment has not been evaluated for treatment of the spine, hip or shoulder. Additionally, the request failed to specify a frequency of dose. Therefore, due to clinical indication that the topical treatment would be of the cervical/lumbar spine, lack of documentation indicating osteoarthritic etiology, and a lack of an indication of frequency of dose, the request is not supported. Thus, the request for Voltaren Gel 1% is not medically necessary.