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| Case Number: | CM13-0031037 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 03/20/2010 |
| Decision Date: | 01/22/2014 | UR Denial Date: | 09/23/2013 |
| Priority: | Standard | Application Received: | 10/02/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Texas. 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 physician 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:

This patient is a 44-year-old female who reported an injury on 03/30/2010. The patient fell while ascending a flight of stairs and sustained injuries to the bilateral knees, left shoulder, and low back. The patient's diagnoses include bilateral knee chondromalacia patella with probable traumatic arthritis, left shoulder impingement, and lumbar facet syndrome. An MRI of the lumbar spine completed in December 2011 revealed multilevel lumbar disc protrusion with foraminal encroachment, most significant at the L3 through S1 levels. An MRI of the left knee revealed narrowing with loss of the articular surface of the joint medially. Left shoulder MRI was unremarkable. The patient reached maximum medical improvement on 06/03/2013 with a 19% whole person impairment rating. The current request for consideration is for Flurbiprofen and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 71-72.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that Flurbiprofen is recommended primarily for the treatment of osteoarthritis and that the maximum daily dose is 300 mg/day; with the maximum divided dose at 100 mg. Flurbiprofen is a non-selective COX-1 and COX-2 inhibitor. Side effects may include headache, dizziness, insomnia, rash including life-threatening skin reactions and abdominal cramps, nausea/vomiting, diarrhea, constipation, flatulence; as well as tinnitus and anemia. The most recent documentation submitted for review that offers an objective evaluation of the patient is dated 05/28/2013. This noted that the patient had findings on physical examination of tenderness over the left shoulder, an antalgic gait, limited range of motion of the lumbar spine, tenderness over the lumbar spinous processes and interspaces from L3 to S1, as well as significant tenderness over the facet joints at these same levels bilaterally. Tenderness was noted to the sacroiliac joints bilaterally with trigger points identified in the lumbar paravertebral muscles and quadratus lumborum muscles bilaterally. Also, tenderness was noted to the bilateral knees. The documentation submitted for review indicates also that the patient has osteoarthritis in the left knee based on imaging. Notes indicated at that time that the patient was being prescribed tramadol, Neurontin, and a transdermal topical medication. Additionally, notes indicate that the patient had good control of pain since undergoing a lumbar epidural steroid injection in July 2012. However, there is a lack of documentation submitted for review indicating the necessity or a clear clinical rationale for the prescription of Flurbiprofen for the patient in addition to the already prescribed tramadol, Neurontin, and transdermal medication. Furthermore, there was a lack of documentation indicating that the patient had no effective control with the medication regimen as prescribed. Therefore, the request for Flurbiprofen #20 is not medically necessary and appropriate.

Cyclobenzaprine #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that cyclobenzaprine (Flexeril®) is recommended only for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Therefore, treatment should be brief. While the documentation submitted for review indicates the patient to have tenderness over the left shoulder, tenderness over the lumbar spinous processes and facet joints from L3 to S1 bilaterally, as well as tenderness over the bilateral sacroiliac joints and over the bilateral knees, there is a lack of documentation submitted for review detailing clinical findings which would support the recommendation for a prescription of cyclobenzaprine. There is no indication in the notes of muscle spasms. Given the above, the request for cyclobenzaprine #20 is not medically necessary and appropriate.

