

Case Number:	CM13-0040312		
Date Assigned:	12/20/2013	Date of Injury:	09/20/1988
Decision Date:	02/28/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal Medicine & Pulmonary Diseases 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 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:

The patient is a 66-year-old female who reported an injury on 09/20/1988. The mechanism of injury was not provided in the medical records. The patient has been diagnosed with rheumatoid arthritis, long term use of medications, and replaced knee joint. At her 09/11/2013 appointment, it was noted that she was taking Tylenol for pain. She was given prescriptions for tramadol, flurbiprofen topicals, and Fexmid for her RA symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Criteria for Use, On-going Management, page.

Decision rationale: The California MTUS Guidelines state that, for patients taking opioid medications, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects is required. Additionally, the guidelines require specific documentation regarding the 4 A's for ongoing monitoring, which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The patient was noted to

have been prescribed tramadol for pain related to her rheumatoid arthritis; however, detailed documentation regarding the patient's outcome on this medication was not provided. Additionally, the patient's functional status and the 4 A's were not addressed in the documentation. Without this specific documentation required by the guidelines, the request is not supported.

1 prescription for Flurbiprofen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical analgesics, pages 111-112 Page(s): 111-112.

Decision rationale: The California MTUS Guidelines state that topical analgesics are experimental in use and have had few controlled studies to determine the efficacy and safety of these medications. The guidelines also state that topical analgesics are primarily recommended for neuropathic pain when the patient has failed trials of antidepressants or anticonvulsants. It further states that, for compounded medications, if the compound contains at least 1 drug that is not recommended, it is not recommended. It further states that topical NSAIDs have been shown to be effective for only short periods, and the efficacy has been inconsistent in trials. It further specifies that topical NSAIDs are indicated for osteoarthritis of the knee, elbow, or other joints, but are recommended only for short term use, usually 4 weeks to 12 weeks. The patient has been diagnosed with rheumatoid arthritis and has symptoms related to her wrists, fingers, and right knee; however, the documentation submitted for review failed to show evidence of a trial of a first line treatment such as an antidepressant or anticonvulsant. Additionally, the guidelines state that topical NSAIDs should be used with caution for patients at risk, including those with renal failure. The clinical information submitted for review states that the patient does have a history of renal failure. With the absence of evidence of a trial with a first line therapy, and the patient's history of renal failure, the request is not supported.

1 prescription Fexmid (Cyclobenzaprine) 7.5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 Page(s): 41-42.

Decision rationale: The California MTUS Guidelines state that the use of Cyclobenzaprine is only recommended for short periods, and states that the effect is greatest in the first 4 days of treatment. It also states that the addition of Cyclobenzaprine to other agents is not recommended. As this medication is only recommended for short periods and is not recommended to be added to other agents, and the patient is noted to be taking other medications, the request is not supported.

30 Lidoderm 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Lidoderm® (lidocaine patch), page 56-57 Page(s): 56-.

Decision rationale: The California MTUS Guidelines state that lidocaine patches are not recommended as a first line treatment and are only FDA approved for postherpetic neuralgia. It further states that more research is needed before a recommendation can be made for chronic neuropathic pain disorders other than postherpetic neuralgia. The patient was noted to have pain related to rheumatoid arthritis, and does not have a diagnosis of postherpetic neuralgia. Additionally, there is insufficient evidence of a trial of a first line therapy of an antidepressant, or an antiepilepsy drug. Therefore, the request is non-certified.