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| Case Number: | CM13-0057286 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 08/19/1999 |
| Decision Date: | 04/29/2014 | UR Denial Date: | 11/11/2013 |
| Priority: | Standard | Application Received: | 11/25/2013 |

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 and 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:

This 62 year-old female sustained an injury on 8/19/99 while employed by [REDACTED]. The report of 10/14/13 from the provider noted patient with continued total body pain, chronic fatigue and sleeping problems. Exam showed no new joint swelling; normal neurological findings; and no rheumatoid arthritis deformities. The patient is s/p arthroscopic surgery of the left knee (undated); visco-supplementation injection x 3 (2nd done on 12/21/12 with third planned after a week. Diagnoses include myalgia, myositis/ not otherwise specified; internal derangement. Treatment included continuing prescription medications gabapentin, flurbiprofen, topicals, Sentraflox, and Treproxen. Requests for the above was non-certified on 11/11/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

SENTRAFLOX 2C QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressant Section Page(s): 13-16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not recommend Cymbalta, a Selective Serotonin and Norepinephrine ReUptake Inhibitor (SSRI/SNRIs) without evidence of failed treatment with first-line tricyclics (TCAs) not evident here. Tolerance may develop and rebound insomnia has been found as for this patient who has sleeping complaints. An SSRI/SNRI may be an option in patients with coexisting diagnosis of major depression that is not the case for this chronic injury of 1999 without remarkable acute change or red-flag conditions. Submitted reports from the provider have not adequately documented any failed trial with first-line TCAs nor is there any diagnosis of major depression. The patient has been prescribed the medication without any functional improvement derived from treatment already rendered. The SENTRAFLOX 2C QD is not medically necessary and appropriate.

TREPOXEN 4C QD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 22.

Decision rationale: 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. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for an injury of 1999 nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of side effects of gastritis as noted by the provider. TREPOXEN 4C QD is not medically necessary and appropriate.

FLURBIPROFEN CREAM BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section, NSAIDs Section Page(s): 111-113, 22.

Decision rationale: Topical NSAIDs may be recommended for Non-neuropathic pain (soft tissue injury and osteoarthritis) after failure of an oral NSAID or contraindications to oral NSAIDs after consideration of increase risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure, but has not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but not afterward as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2

weeks especially for this 1999 injury without report of acute flare-up or new injuries. There is no documented functional benefit from treatment already rendered. The Flurbiprofen cream bid is not medically necessary and appropriate.