

Case Number:	CM14-0008060		
Date Assigned:	02/12/2014	Date of Injury:	09/11/2010
Decision Date:	12/18/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/21/2014

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 Emergency Medicine and is licensed to practice in Wisconsin. 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 49-year-old female who reported an injury on 09/11/2010 due to a slip and fall. The diagnoses included right shoulder rotator cuff partial tear, right wrist cyst/nodule, bilateral wrist internal derangement, lumbar disc disease, left knee medial meniscus tear, a left ankle intrasubstance tear and rupture of the posterior tibial tendon. Her past treatments included 2 physical therapy visits and Synvisc injections to the ankle. On 07/21/2014, the injured worker complained of bilateral shoulder pain rated 6/10, bilateral wrist pain rated 6/10, low back pain rated 6/10 and right knee pain rated 6/10. The physical examination revealed the cervical spine range of motion was noted with flexion at 40 degrees, extension 40 degrees, right rotation at 50 degrees, left rotation at 50 degrees, right lateral flexion at 35 degrees, and left lateral flexion at 35 degrees. The wrist range of motion revealed palmar flexion at 30 degrees on the right and left, dorsiflexion at 30 degrees on the right and left, abduction to the radial deviation at 20 degrees right and left and adduction the ulnar deviation at 20 degrees right and left. The documentation indicated the injured worker to have a positive Tinel's sign on the right wrist. There was also notation of decreased reflexes, however, motor strength remained normal. Her medications included Advil, frequency and dose not provided. The treatment plan included a request for right shoulder arthroscopy, an EMG/NCV of the bilateral upper extremities, a prescription for Neurontin 100 mg #60, and a request for physical therapy with updated home exercise program. Requests were received for Relafen 750 mg #90 tablets taken orally twice a day; Flexeril 7.5 mg #90 taken orally twice a day; tramadol 150 mg #30 capsules taken orally daily; topical creams (TGHOT); FluriFlex; and physical therapy. The rationale provided for physical therapy included was noted to decrease pain, increase range of motion, increase function, and incorporate an updated home exercise program. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750 mg #90 tablets, taken orally twice daily: 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 NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: The request for Relafen 750 mg #90 tablets, taken orally twice daily is not medically necessary. According to the California MTUS Guidelines, NSAIDs are recommended at the lowest dose for the shortest period of time due to significant adverse effects associated with use of these medications. Periodic lab monitoring of the CBC chemistry profile and routine blood pressure monitoring is recommended for patients taking these medications. The patient was noted to have been taking Relafen since at least 01/02/2014 and to have chronic bilateral shoulder pain, left hand pain, right hand pain, knee pain, and lower back pain. However, documentation failed to provide evidence of increased function without adverse effects and details regarding the patient's history of use of this medication to include when it was initiated. The documentation also lacked a detailed pain assessment to established objective pain relief with use or an indication that routine labs and blood pressure checks had ruled out significant adverse effects with use of this medication. Therefore, the ongoing use of Relafen is not supported. Based on the lack of documentation regarding the patient's history of use of this medication, when it was initiated, a detailed pain assessment to clearly establish objective pain relief with use, or an indication that routine labs or blood pressure check ruled out significant adverse effects of this medication, the request is not supported by the guidelines. As such, the request for Relafen 750 mg #90 tablets, taken orally twice daily is not medically necessary.

Flexeril 7.5 mg #90, taken orally twice daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Muscle Relaxants.

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

Decision rationale: The request for Flexeril 7.5 mg #90, taken orally twice daily is not medically necessary. According to the California MTUS Guidelines, cyclobenzaprine is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2 to 3 weeks. The greatest effects of this medication are in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should also be brief. The injured worker was noted to have been on Flexeril since at least 01/02/2014 and noted to have chronic shoulder pain, right hand pain, left hand pain, low back pain, and right knee pain. However, there is lack of documentation to indicate musculoskeletal symptoms such as spasms

or stiffness. The documentation also failed to indicate significant objective functional improvements with the medication as the injured worker was noted to have been on the medication since at least 01/02/2014. Based on the lack of documentation to indicate the patient had musculoskeletal symptoms such as spasms or stiffness, muscle relaxants not being recommended for long term use, the request is not supported by the guidelines. As such, the request for Flexeril 7.5 mg #90, taken orally twice daily is not medically necessary.

Tramadol 150 mg #30 capsules, taken orally daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78.

Decision rationale: The request for TRAMADOL 150 MG #30 CAPSULES, TAKEN ORALLY DAILY is not medically necessary. According to the California MTUS Guidelines, ongoing review and documentation of the patient's 4 A's of opioid use include analgesia, adverse side effects, activities of daily living, and aberrant drug taking behaviors. The injured worker was noted to have been taking tramadol since at least 01/02/2014. However, the documentation failed to indicate the injured worker's pain relief with and without medications, improvement of functional status, any side effects experienced, and an indication of aberrant drug taking behaviors. The urine drug screen performed on 04/18/2014 tested negative for any opioids. Based on the lack of documentation in reference to pain relief with and without medications, references to adverse side effects, an improvement in activities of daily living, and a current urine drug screen as stated by the guidelines, the request is not supported. As such, the request for TRAMADOL 150 MG #30 CAPSULES, TAKEN ORALLY DAILY is not medically necessary.

Topical creams (TGHOT): 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): 111-112.

Decision rationale: The request for TOPICAL CREAMS (TGHOT) is not medically necessary. According to the California MTUS Guidelines, transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicate that Capsaicin may be recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.375% formulation of Capsaicin. There is no indication that this increase over a 0.025% formulation would provide any further

efficacy. In regards to gabapentin, this medication is not recommended as there is no peer reviewed literature to support its use. The injured worker was noted to have been on the topical cream since at least 01/02/2014. However, based on the guideline recommendation that any compound drug containing at least 1 drug that is not recommended is not recommended, the request is not supported by the guidelines. In addition, the request fails to provide a frequency, dose, and application site. As such, the request for TOPICAL CREAMS (TGHOT) is not medically necessary.

Flurflex: 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): 111-112.

Decision rationale: The request for Flurflex is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward or with a diminishing effect over another 2 week period. This agent is not currently FDA approved for topical application. The FDA approved routes of administration of Flurbiprofen include oral tablets and ophthalmic solution. Furthermore, the guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxants as a topical product. As such, the addition of cyclobenzaprine to other agents is not recommended. The injured worker was noted to have been on FluriFlex since at least 01/02/2014. However, there was lack of documentation to indicate he had failed trials of antidepressants or anticonvulsants. Based on the lack of documentation to indicate a failed trial of antidepressants and anticonvulsants, and the guideline recommendation that any compound drug containing at least 1 drug that is not recommended is not recommended, the request is not supported by the guidelines. In addition, the request fails to provide a frequency, dose, and application site. As such, the request for Flurflex is not medically necessary.

Physical Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The request for Physical Therapy is not medically necessary. According to the California MTUS Guidelines, physical medicine guidelines indicate that 8 to 10 visits may be

allotted for neuralgia, neuritis, and radiculitis. The injured worker is noted to have chronic bilateral shoulder pain, right hand pain, left hand pain, low back pain, and right knee pain. The documentation also indicated the injured worker to have completed 2 physical therapy visits to the right shoulder. However, there was lack of documentation to indicate objective functional improvements from previous physical therapy visits. Based on lack of documentation showing objective functional deficits related to the right bilateral shoulders, right hand, left hand, low back, and right knee, physical therapy would not be supported for these areas. Additionally, in the absence of documentation showing objective functional improvements in the right shoulder from previous physical therapy visits, additional sessions are not warranted for the right shoulder. In addition, the request failed to specify a body region, length, and duration. Therefore, the request is not supported by the guidelines. As such, the request for Physical Therapy is not medically necessary.