

Case Number:	CM14-0018401		
Date Assigned:	04/18/2014	Date of Injury:	05/15/2013
Decision Date:	06/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/13/2014

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 59-year-old male who reported an injury on 05/15/2013. The mechanism of injury was that the injured worker lost balance lifting and placing a beer box on a top shelf. The medication history included nabumetone 750 mg, Polar Frost 150 mL 5 ounce gel tube, hydrocodone/acetaminophen 10/325 mg, and acetaminophen 500 mg capsules as of 06/2013. The documentation of 01/21/2014 revealed the injured worker had complaints of severe pain described as sharp and constant in the bilateral knees, right ankle and foot. The injured worker had pain in the cervical spine that was constant and severe and a headache that was constant and severe. The injured worker had complaints of severe pain, aching pain in the left shoulder and severe pain made worse by gripping and grasping in the bilateral wrists and hands. The injured worker reported numbness to the area and swelling to his left hand. The objective findings for the cervical spine revealed there was +3 spasm and tenderness to the bilateral paraspinal muscles from C4-7, bilateral occipital muscles and bilateral upper shoulder muscles. The axial compression test was positive bilaterally for neurologic compromise. The distraction test was positive bilaterally. The shoulder depression test was positive bilaterally. The bilateral biceps reflexes were decreased. There was +3 spasm and tenderness to the bilateral thoracic paraspinal muscles and the left upper shoulder and left rotator cuff muscles. The Codman's test was positive on the left as was the Speed's and supraspinatus test. The injured worker had +3 spasms and tenderness to the bilateral anterior wrists, bilateral posterior extensor tendons and bilateral thenar eminences. The Tinel's test was positive bilaterally. The bracelet test was positive bilaterally as was the Phalen's test. There was the examination of the knees revealing +3 spasms and tenderness to the right quadriceps muscle, right prepatellar tendon and right vastus medialis. There was +2 spasm and tenderness to the left anterior joint line and left quadriceps muscle. The diagnoses included aftercare for surgery of the musculoskeletal system right knee, cervical disc

herniation with myelopathy, bursitis and tendinitis of the shoulder, carpal tunnel syndrome bilateral, tendinitis/bursitis of the bilateral wrists, chondromalacia patella of the bilateral knees, tear of the medial meniscus of the right knee, tendinitis/bursitis/capsulitis of the bilateral ankles, bilateral foot sprain/strain site unspecified, tension headache. Treatment plan included acupuncture times 6 visits, decrease medication of 800 mg from 2 pills a day to 1 pill a day, prescription of medications topical compound flurbiprofen 10%, diclofenac 10%, tramadol 10% applied to the affected area twice a day as directed by a physician 180 grams with 2 refills and ibuprofen 800 mg #100 one twice a day as needed. Additional treatment included a sleep study consultation, pain management doctor for an epidural steroid injection, and functional improvement made through a Functional Capacity Evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 10%, DICLOFENAC 10%, TRAMADOL 10% 180MG WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72, 111, 112, 82.

Decision rationale: The California MTUS indicates 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. Topical NSAIDs are recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Flurbiprofen is classified as a non-steroidal anti-inflammatory agent. This agent is not currently FDA approved for a topical application. Topical Diclofenac is approved in the form of Topical Gel. A thorough search of FDA.gov, did not indicate there was a formulation of topical Tramadol that had been FDA approved. The approved form of Tramadol is for oral consumption, which is not recommended as a first line therapy. The California MTUS does not specifically address opioid analgesics in topical formulations. However, peer reviewed literature states that there is a deficiency of higher quality evidence on the role of topical opioids and that more robust primary studies are required to inform practice recommendations. The clinical documentation submitted for review failed to indicate the injured worker had a trial of antidepressants and anticonvulsants that have failed. There was a lack of documentation indicating a necessity for both an oral and topical NSAID, a topical cream with 2 NSAIDs and exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating a necessity for 2 refills. Given the above, the request for flurbiprofen 10%, diclofenac 10%, tramadol 10% 180 grams with 2 refills is not medically necessary.

IBUPROFEN 800MG, #100: Upheld

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

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

Decision rationale: California MTUS Guidelines indicate that NSAIDs are recommended for the short term symptomatic relief of lower back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the pain treatment goal. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing ibuprofen. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide the necessity for 100 tablets as it was indicated per the documentation. The injured worker was taking 1 tablet per day. Given the above, the request for ibuprofen 800 mg #100 is not medically necessary.