

Case Number:	CM14-0113495		
Date Assigned:	08/01/2014	Date of Injury:	02/23/2014
Decision Date:	10/23/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 22-year-old year old female with a reported dated injury on 02/23/2014. The mechanism of injury was a fall. The injured worker's diagnoses included thoracic sprain/strain with myofasciitis and lumber sprain/strain with myofasciitis. The injured worker's past treatments included pain medication. There is diagnostic imaging studies provided in the records. There is no relevant surgical history documented in the notes. The subjective complaints on 05/09/2014 included constant sharp and stabbing low back pain that was rated 8/10. The physical examination noted the cervical spine had a range of motion within normal limits; however, the lumber spine had decreased range of motion both in flexion and extension. The injured worker's medications included Relafen 500 mg, Norflex, and fluriflex. The treatment plan was to refill and continue medications. A request was received for Relafen 500 mg #60, Norflex 100 mg #60, and fluriflex/flurbiprofen/cyclobenzaprine. The rationale for the request was to reduce the symptoms and to relieve pain. The Request for Authorization form was not provided in the notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The request for Relafen 500 mg #60 is not medically necessary. The California MTUS Guidelines state NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Additionally the guidelines also state for a few exacerbations of back pain NSAIDs are recommended as a second line treatment after acetaminophen. The injured worker has chronic back pain. There is a lack of documentation that the patient had previously tried first line therapy such as acetaminophen before attempting the second line treatment of Relafen. In the absence of first line therapy trial, the request is not supported by the guidelines, as such, the request is not medically necessary.

Norflex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64-65.

Decision rationale: The request for Norflex 100 mg #60 is not medically necessary. The California MTUS Guidelines state that antispasmodics are used to decrease muscle spasms and conditions such as low back pain. The guidelines also state that antispasmodics are recommended for a short course of therapy. Additionally the guidelines say that antispasmodics are not recommended to use longer than a 3 week period. The patient has chronic low back pain. The notes indicate that the patient has been on Norflex since at least 05/09/2014, exceeding the 3 week guideline recommendation. As the medication duration has exceeded the 3 week recommended time period, the request is not supported by the guidelines. As such, the request is not medically necessary.

Fluriflex/Flurbiprofen/Cyclobenzaprine: 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 fluriflex/flurbiprofen/cyclobenzaprine is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state the topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least 1 drug or drug class is not recommended. 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 relaxant as a topical compound. In regard to flurbiprofen, topical NSAIDs have

been shown in meta-analysis to be superior to placebo drain the first 2 weeks of treatment for osteoarthritis. The injured worker was not shown to have pain that attributed to osteoarthritis. Given the above, the request is not supported by the guidelines. As such, the request is not medically necessary.