

Case Number:	CM14-0137759		
Date Assigned:	09/05/2014	Date of Injury:	03/19/2013
Decision Date:	11/05/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/26/2014

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 Ohio. 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 63-year-old female who reported an injury on 03/19/2013. The injured worker was employed as a student nutrition worker, and she described her position as preparing, scooping, wrapping and pushing food items. She cooks, lifts, and at times is required to perform heavy lifting. She sustained injuries to both hands and right wrist. The injured worker's treatment history included medications, blood studies, nerve conduction study, corticosteroid injections, and physical therapy. Injured worker was evaluated on 09/12/2014 and it was documented the injured worker complained of radiating from the low back down both legs. She complained of bilateral lower extremity pain, right wrist pain and right hand pain. The injured worker rated her pain with medication as 3/10 on the pain scale. The injured worker rated her pain without medications as 6/10 on the pain scale. No new problems or side effects. Quality of sleep was fair. She denied any new injuries since her last visit. Her activity level had increased. She was taking her medication as prescribed. She stated that medication was working well. No side effects reported. Physical examination of the lumbar spine revealed motion was restricted with flexion limited to 60 degrees limited by pain, extension limited to 20 degrees, right lateral bending limited to 10 degrees, and left lateral bending limited to 10 degrees but normal lateral rotation to the left and lateral rotation to the right. On palpation, paravertebral muscles, tenderness was noted on both sides. No spinal process tenderness was noted. Lumbar facet loading was negative on both sides. Straight leg raising was negative. Ankle jerk was 0/4 on both sides. Patellar jerk was on both sides. Tenderness was noted over the sacroiliac spine. The examination of the wrist revealed joint bony enlargement noted on radial wrist with tenderness to palpation noted. No limitation was noted in palmar flexion, dorsiflexion, ulnar deviation, radial deviation, pronation or supination. Tinel's sign and Phalen's sign were negative.

Tenderness to palpation noted over the radial side and 1st dorsal compartment. Positive Finklestein's testing. Examination of the hands there was stiffness to finger joints with full range of motion, no deformities noted. Medications included ibuprofen 600 mg, Voltaren 1% gel, Flector 1.3 patch, and triamterene hydrochlorothiazide) 75/50 mg. Diagnoses included pain, low back pain and hand pain. Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

IBUPROFEN 600 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend that Ibuprofen is used as a second line treatment after acetaminophen. There is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP (low back pain). For acute low back pain with sciatica, a recent Cochrane review (including 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus placebo. In patients with axial low back pain, this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen has fewer side effects. The provider failed to indicate long term functional goals for the injured worker and outcome measurements of home exercise regimen. The request that was submitted failed to include quantity, frequency, and duration of medication. As such, the request for Ibuprofen 600 mg is not medically necessary.

FLECTOR 1.3% PATCH: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flector patches Topical Analgesics, Topical NSAIDS Page(s): 111.

Decision rationale: 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 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. The indications for the use of topical NSAIDs are osteoarthritis and tendinitis of the knee and other joints that can be treated topically. They are recommended for short term use of 4-12 weeks. There is little evidence indicating effectiveness for treatment of osteoarthritis of the spine, hip or shoulder. The request that was submitted failed to include body

location where injured worker is supposed to use the Flector 1.3% patch, and quantity and frequency of medication. As such, the request for Flector 1.3% patch is not medically necessary.