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| Case Number: | CM14-0166703 | | |
| Date Assigned: | 10/27/2014 | Date of Injury: | 01/06/2012 |
| Decision Date: | 12/10/2014 | UR Denial Date: | 09/26/2014 |
| Priority: | Standard | Application Received: | 10/09/2014 |

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 Internal Medicine and is licensed to practice in Arizona. 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 woman with a work-related injury dated 1/6/12 resulting in chronic back and neck pain. The patient was seen on 9/4/14 by the primary treating physician. The patient continued to complain of neck and low back pain and left shoulder and elbow pain with weakness. The exam was absent of any swelling, bruising or atrophy. The diagnosis includes cervical myospasm, cervical sprain and strain, lumbar pain, lumbar radiculopathy, lumbar sprain and strain, left shoulder sprain and strain, elbow pain and left elbow sprain and strain. The plan of care included continued use of NSAIDS, opioid analgesic medications and topical compounded analgesics with Flurbiprofen 20%, Tramadol 20% in a Mediderm base 30gm. Under consideration is the medical necessity of the topical analgesic medication containing Flurbiprofen 20% and Tramadol 20% which was denied during utilization review dated 9/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%, Tramadol 20% in the mediderm base 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 78-80. Decision based on Non-MTUS Citation ODG Pain, Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: According to the MTUS topical NSAIDs-the efficacy of topical NSAIDs in clinical trials for this treatment modality has been inconsistent and most studies are small and of 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 either not afterward, or with a diminishing effect over another 2-week period. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Indications include osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. It is not recommended for use with neuropathic pain as there is no evidence to support use. Topical tramadol is not recommended. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case, the request is not medically necessary.