

<b>Case Number:</b>	CM14-0175705		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	07/12/2010
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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, has a subspecialty in Nephrology 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 patient is a 35-year-old male who has submitted a claim for lumbar disc displacement, cervical discopathy, status post lumbar fusion, rule out shoulder impingement, medial epicondylitis, cubital tunnel syndrome, and bilateral knee internal derangement associated with an industrial injury date of 7/12/2010. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain radiating to bilateral lower extremities. Aggravating factors included bending, lifting, twisting, pushing, pulling, prolonged standing and walking. Pain was rated 6/10 in severity described as dull. The patient also complained of neck pain aggravated by repetitive activities. Pain was rated 8/10 in severity and described as sharp radiating to bilateral upper extremities. Other painful body areas included the left knee, left shoulder, bilateral elbow, and bilateral hip. Physical examination of the cervical spine showed tenderness, muscle spasm, positive axial compression test, and positive Spurling's maneuver. Examination of the lumbar spine showed tenderness, restricted motion, and dysesthesia at bilateral L4 to S1 dermatomes. Treatment to date has included posterior lumbar interbody fusion in 2012, physical therapy, and medications such as Diclofenac, Orphenadrine, Sumatriptan, Ondansetron, Omeprazole, and Tramadol. Utilization review from 10/8/2014 denied the request for hyaluronic acid sodium SA 94% for 30 day supply because there was no evidence-based medical guidelines found demonstrating its efficacy in treatment of patient's medical condition; and denied Flurbiprofen, unspecified strength, quantity 120 because of lack of information concerning current signs and symptoms that may necessitate this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hyaluronic Acid Sodium SA 94%, thirty day supply: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 9th Edition, 2004, Electronic Version

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Medical Food

**Decision rationale:** The California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Pain Section was used instead. Official Disability Guidelines states that medical foods are formulated for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. In this case, the submitted records failed to include a rationale or laboratory values indicating nutritional deficiency. There is no discussion as to why this medication is being prescribed. The FDA states that specific requirements for the safety or appropriate use of medical foods have not yet been established. Therefore, the request for Hyaluronic Acid Sodium SA 94%, thirty day supply is not medically necessary.

**Flurbiprofen unspecified strength; quantity 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, there is no prior intake of Flurbiprofen. The patient is on Diclofenac and it is unclear why Flurbiprofen is prescribed as adjuvant therapy. Moreover, long-term use of NSAIDs is not recommended. There is no discussion concerning need for variance from the guidelines. Lastly, the present request as submitted failed to specify dosage and frequency of intake. Therefore, the request for Flurbiprofen unspecified strength; quantity 120 is not medically necessary.