

Case Number:	CM14-0022529		
Date Assigned:	05/12/2014	Date of Injury:	12/09/2010
Decision Date:	07/11/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/23/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 39 year old male who was injured on 12/9/10. He was diagnosed with spinal enthesopathy and cervical disc degeneration. He was treated with exercises as well as oral and topical medications. It is unknown what other treatments he had used in the past, prior to the dates of the records provided for review. He was seen by his primary treating physician on 1/6/14 complaining of lower back pain radiating into left thigh recently worsened by lifting a bucket of dirt. He at the time was taking his medications which included Zoloft, Flexeril, and Flurbiprofen Cream. He reported no side effects from using these medications and in prior visits reported his medications working well at controlling his pain, but his quality of sleep was poor. On examination on 1/6/14, he was tender along the paravertebral muscles of the left thoracic spine and lower lumbar areas. Also the straight leg raise test was positive on both sides in the supine position. FABER test was negative. Tenderness was also found at the SI joints and trapezius muscles. The right shoulder was limited in motion due to pain and tenderness of the scapular area. His physician then referred him to a spine surgeon for possible surgery as well as to internal medicine for diabetes, hypertension and weight management, and then recommended he continue his exercise at home and continue his medications without changes or additions.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURBIPROFEN 20% CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAIDs Page(s): 111-112.

Decision rationale: The MTUS for Chronic Pain recommends topical analgesics as an option, but are largely experimental due to their lack of significant number of trials to determine efficacy or safety. They primarily are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. But in the case of topical NSAIDs, there are no long-term studies on safety or effectiveness, and so should not be first-line therapy for chronic back pain. In the case of this worker, no evidence of the documents provided suggested that he had failed other first-line therapies before starting topical Flurbiprofen in order to consider its continual use. Also, there was no documentation discussing the patient's functional improvement and pain relief specific to this medication, in the records provided for review. The worker could be considered in this situation to be having an acute exacerbation of his chronic back pain and may warrant a short duration of oral NSAIDs or other medications. Therefore, the request for Flurbiprofen 20% cream is not medically necessary.

FLEXERIL 5MG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, the Flexeril was being used for many months leading up to the request for continuation, which is beyond its recommended use duration. No evidence was seen in the notes provided to suggest that the worker had been experiencing a significant acute exacerbation of his chronic pain prior to the request. Therefore, the request for Flexeril 5mg is not medically necessary.