MAXIMUS Federal Services

Case Number:	CM14-0029099		
Date Assigned:	06/20/2014	Date of Injury:	07/03/2013
Decision Date:	11/26/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/06/2014

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:

This case involves a 52 year old female who was injured on 7/3/13. She was diagnosed with closed fracture of L1 vertebra, cervical disc herniation, lumbar disc displacement, sciatica, and thoracic disc displacement. She was treated with physical therapy and topical compounded medications, including topical non-steroidal anti-inflammatory drugs (NSAIDs) and topical opioids. On 1/29/2014, the worker was seen by her primary treating physician reporting continual bilateral hip pain, thoracic pain, lumbar pain, and cervical pain. Physical findings included cervical spasm and tenderness with positive axial compression test; thoracic and lumbar spasm and tenderness with positive straight leg raise; decreased sensation of the left L5 dermatome; and decrease in sensation of the left S1 dermatome. She was then recommended to continue her compounded topical medication (Flurbiprofen/diclofenac/Tramadol) and get a functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 10 percent: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical non-steroidal anti-inflammatory drugs (NSAIDs) specifically have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time; however, there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, it was unclear as to why topical medications were being used as opposed to oral therapies (not included in the documents available for review). Also, there was no documented evidence that the compounded topical agent, Flurbiprofen, diclofenac, or Tramadol, was effectively improving the worker's function and reducing her pain. Without this documentation to show effectiveness, and documentation including a justification of using topical agents over oral, the Flurbiprofen/diclofenac/Tramadol compounded agent with refills is not medically necessary.

Diclofenac 10 percent: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical non-steroidal anti-inflammatory drugs (NSAIDs), specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no longterm studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms. In addition, caution should be used for patients at risk, including those with renal failure

and hypertension. In the case of this case, it was unclear as to why topical medications were being used as opposed to oral therapies (not included in the documents available for review). Also, there was no documented evidence that the compounded topical agent, Flurbiprofen, diclofenac, or Tramadol, was effectively improving the worker's function and reducing her pain. Without this documentation to show effectiveness, and documentation including a justification of using topical agents over oral, this request is not medically necessary.

Tramadol 10 percent 180gm x 2 refills, BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are generally considered experimental as they have few controlled trials to determine efficacy and safety currently. Topical non-steroidal anti-inflammatory drugs (NSAIDs), specifically, have some data to suggest it is helpful for osteoarthritis and tendinitis for at least short periods of time, but there are no long-term studies to help us know if they are appropriate for treating chronic musculoskeletal pain. Topical NSAIDs have not been evaluated for the treatment of the spine, hip, or shoulder. Although some topical analgesics may be appropriate for trial as a secondary agent for neuropathic pain after trials of oral therapies have been exhausted, topical NSAIDs are not recommended for neuropathic pain. The only FDA-approved topical NSAID currently is Voltaren gel (diclofenac). Ketoprofen is not currently one of the topical NSAIDs available that is FDA approved, and it has a high incidence of photocontact dermatitis. All topical NSAID preparations can lead to blood concentrations and systemic effect comparable to those from oral forms and caution should be used for patients at risk, including those with renal failure and hypertension. In the case of this worker, it was unclear as to why topical medications were being used as opposed to oral therapies (not included in the documents available for review). Also, there was no documented evidence that the compounded topical agent, Flurbiprofen, diclofenac, or Tramadol, was effectively improving the worker's function and reducing her pain. Without this documentation to show effectiveness, and documentation including a justification of using topical agents over oral, the Flurbiprofen/diclofenac/Tramadol compounded agent with refills is not medically necessary.