MAXIMUS Federal Services

Case Number:	CM14-0165954		
Date Assigned:	10/13/2014	Date of Injury:	10/01/2000
Decision Date:	01/02/2015	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/08/2014

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 Emergency Medicine 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 injured worker originally sustained a work related injury on October 1, 2000; the exact mechanism of injury was not provided in the documents submitted for review. The Primary Treating Physician's report, dated August 6, 2014, noted the injured worker continued to have neck pain with stiffness and pain to posterior shoulders. The injured worker reported that using topical anti-inflammatory agents and Lunesta allowed for light activity. Relafen reported to cause constipation with use. Physical examination showed bilateral shoulder tenderness and pain with resisted abduction. The diagnoses listed were lumbago, low back pain, and cervical pain, cervicalgia, and medications were continued. The Primary Treating Physician's report dated September 4, 2014, noted the injured worker presented with ongoing neck, back, and right shoulder pain. The injured worker reported feeling the neck and shoulders manageable with minimal flare-ups, doing well with anti-inflammatory and topical ointments. A request to continue the compound cream of Flurbiprofen 25% and Capsaicin 0.0275% Cream, to apply to affected areas topically twice a day for 30 days for a total of 120gm, Lunesta 3mg one tablet by mouth daily for 90 days, and Relafen 500mg one tablet by mouth twice a day x 150, was made by the Primary Treating Physician. On September 5, 2014, Utilization Review evaluated the requests, denying the requests for the compound cream of Flurbiprofen/Capsaicin and the Lunesta, citing the lack of documentation that would support their use, while certifying the use of Relafen as a first line treatment for the musculoskeletal pain. The decisions were subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream - Flurbiprofen 25%, Capsaicin 0.0275% Cream, Apply to affected areas TOP BID x 30 days for a total of 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: Per the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, all components of a topical compound must prove to be medically necessary. With respect to Flurbiprofen, topical non-steroidal anti-inflammatory agents have shown some superiority to placebo when used for osteoarthritis for less than 2 weeks, but have little evidence to support prolonged use, and no evidence to support use for treatment of the spine, hip, or shoulder. In light of the documentation available, the MTUS guidelines do not clearly support use of topical non-steroidal anti-inflammatory agents for this injured worker. With respect to the Capsaicin component, Capsaicin is generally considered a possible option for those injured workers who have not responded to or are intolerant of other first line treatments. The available documentation does not provide clear evidence of failure of first-line treatment for the injured worker. As such, the request as written for Flurbiprofen 25%, Capsaicin 0.0275% cream is not supported by the MTUS guidelines and is not medically necessary.

Lunesta 3mg 1 tab po daily x 90 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment

Decision rationale: Lunesta is a non-benzodiazepine medication approved for treatment of primary insomnia. The MTUS guidelines do not clearly address the use of medications for insomnia. Therefore, the Official Disability Guidelines were referenced. Non-benzodiazepine sedative hypnotics may be indicated for the short-term treatment of insomnia for 7-10 days, and use beyond this duration is not typically recommended. Within the records available for review, there is no documentation of a clearly linked improvement in functional capacity, improved activities of daily living, or diminished reliance on other medications after initiation of Lunesta. There is no clear documentation of a plan to wean usage of Lunesta. As written, the request for Lunesta 3mg 1 tab x 90 days is not supported by the guidelines and is not medically necessary.