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| Case Number: | CM14-0187365 | | |
| Date Assigned: | 11/17/2014 | Date of Injury: | 09/06/2005 |
| Decision Date: | 01/06/2015 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 11/10/2014 |

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 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 an injured worker with a history of cervical fusion surgery and hypertension. The patient sustained an industrial injury on September 6, 2005. A cervical CT computed tomography scan dated November 23, 2011 noted anterior cervical discectomy and fusion of C4 through C7. The medical history included multilevel cervical disc disease with multilevel left cervical radiculopathy, left shoulder strain with adhesive capsulitis, and depression. Physical examination dated 5/5/14 documented that inspection of the skin demonstrated no rash or lesions. The progress report dated July 15, 2014 documented subjective complaints of cervical and left shoulder pain. Pain is 5/10. Medications include Norco 10/325 mg and Opana. Physical examination demonstrated crepitus and decreased and painful range of motion in the left shoulder. The progress report dated September 9, 2014 documented that the visual analogue scale was 6/10. Medications included Opana ER, Norco 10-325 mg, and Zanaflex. The past medical history was significant for diabetes mellitus and hypertension. On examination, range of motion cervical spine was decreased. Cervical tenderness was noted. Inspection of the skin noted no rash or lesions. Diagnoses were cervical pain, cervicgia, myofascial pain syndrome and fibromyalgia. Treatment plan included Opana and Norco. The progress report dated 9/9/14 documented a medical history of hypertension. Topical Flurbiprofen, Lidocaine, and Ultraderm base were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 25% 30gms dispensed 7-23-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-113, 67.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. MTUS Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Medical records do not present recent laboratory test results, which are recommended for NSAID use per MTUS. Medical records document that the patient has a diagnosis of Hypertension. Per MTUS, NSAIDs are associated with the risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. MTUS guidelines warn against the use of NSAIDs with patients with hypertension. The medical records and MTUS guidelines do not support the use of the topical NSAID Flurbiprofen. Therefore, the request for Flurbiprofen 25% 30gms dispensed 7-23-14 is not medically necessary.

Lidocaine 5% 6gm dispensed 7-23-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in

use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Besides Lidoderm, no other commercially approved topical formulation of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend topical Lidocaine for chronic neuropathic pain disorders other than post-herpetic neuralgia. Topical Lidocaine is not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Medical records document the diagnoses of anterior cervical discectomy and fusion surgery. Medical records do not document a diagnosis of post-herpetic neuralgia, which is the only FDA approved indication for topical Lidocaine. The use of topical Lidocaine is not supported. Therefore, the request for Lidocaine 5% 6gm dispensed 7-23-14 is not medically necessary.

Ultraderm base 84gm dispensed 7-23-14: 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 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Ultraderm <http://www.drugs.com/mtm/ultra-derm.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Physical examination dated 5/5/14 documented that inspection of the skin demonstrated no rash or lesions. The progress report dated September 9, 2014 documented that inspection of the skin noted no rash or lesions. Medical records do not document a skin condition. The medical records do not support the medical necessity of Ultraderm Base topical emollient moisturizer. Therefore, the request for Ultraderm base 84gm dispensed 7-23-14: is not medically necessary.