MAXIMUS Federal Services

Case Number:	CM15-0101576		
Date Assigned:	06/04/2015	Date of Injury:	10/11/2012
Decision Date:	07/02/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Florida, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 is a 61-year-old female patient who sustained an industrial injury on 03/08/2000. A primary treating office visit dated 02/04/2015 reported the patient with subjective complaint of ongoing neck, back, and right shoulder pain. She is continuing to do well with the current medication regimen. She states the OxyContin and Percocet bring her pain down to a 5 in intensity from 10 out of 10. She is able to function and move better with the use of medications; allows her to perform activities of daily living. In addition, she uses Nexium Flexeril, Trazadone, Motrin and Zanaflex. She is diagnosed with the following diagnoses: chronic neck pain; chronic low back pain; right sided thoracic pain; bilateral shoulder pain; headaches; insomnia, depression/anxiety, and status post vehicle accident where she was rear-ended on 02/06/2014. The plan of care noted the patient prescribed OxyContin, dispended Flexeril, trazadone, Motrin and Zanaflex. She is to remain active with home exercise program, consider recommendation for repeat Botox injection and follow up in one month. She is to return to modified work duty. On 12/12/2014, the patient was administered Botox injections into the low back. She was also authorized to attend additional acupuncture sessions. A follow up visit dated 05/01/2015 showed no change in current medication regimen, subjective complaint, or the treating diagnoses. There is mention of several inconsistent urine drug screens and further mention of weaning off narcotics. She is rather upset that narcotics were not given a 10 early refill and that she is not to take more than prescribed. There is recommendation to undergo another Botox injection. She is to follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Enovarx-Ibuprofen 10% 60gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111 of 127.

Decision rationale: This claimant was injured now 15 years ago. There is ongoing neck, shoulder, and back pain. This compound is a 10% ibuprofen in a microderm base. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. In addition, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is appropriately not medically necessary.

1 Prescription for Flector Patch #1 box: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, NSAIDs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain section, under Flector patch.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. This claimant was injured now 15 years ago. There is ongoing neck, shoulder, and back pain. Regarding Flector patches, the ODG notes in the pain section: Not recommended as a first-line treatment. It is not clear what other agents had been exhausted before moving to this patch. Further, the Flector patch is FDA indicated for acute strains, sprains, and contusions. (FDA, 2007), not for chronic issues. The significant side effects noted in the 12/07/09 the FDA warnings, are not addressed. It is not clear this risk has been addressed in this case with measurements of transaminases periodically in patients receiving long-term

therapy with diclofenac. In addition, the benefit of topical NSAIDS is good for about two weeks, and studies are silent on longer term usage, therefore a long term usage as in this case is not supported. There simply is no data that substantiate Flector efficacy beyond two weeks. This request was appropriately not medically necessary.