

Case Number:	CM15-0106139		
Date Assigned:	06/10/2015	Date of Injury:	03/30/2007
Decision Date:	07/13/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/02/2015

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: California

Certification(s)/Specialty: Emergency 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 58 year old female with an industrial injury dated 03/30/2006. Her diagnoses included rheumatoid arthritis and osteoarthritis, multi site. Prior treatment included anti-inflammatory medications, acupuncture, paraffin bath and water fitness. She presented on 05/08/2015 with complaints of continued total body pain, chronic fatigue and problems sleeping. She complains of bilateral wrist pain and swelling however, paraffin bath helps. She is also doing water fitness, which helps significantly. Physical exam showed no new joint swelling. Treatment plan included Diclofenac, Ferrous Sulfate, Pain cream and Xeljanz. The request is for Diclofenac 100 mg # 30 prescribed 05/08/2015, Flurbiprofen 25% Lidocaine 5% Menthol 5%/Camphor 1%/180 gm cream prescribed 05/18/2015 and Xeljanz 5 mg # 60 prescribed 05/08/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xeljanz 5mg #60 prescribed 5-8-15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epocrates.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Xeljanz 5mg #60 prescribed 5-8-15 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted". The injured worker has continued total body pain, chronic fatigue and problems sleeping. She complains of bilateral wrist pain and swelling however, paraffin bath helps. She is also doing water fitness, which helps significantly. Physical exam showed no new joint swelling. The treating physician has not documented duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing nor the medical necessity for two concurrent anti-inflammatory medications. The criteria noted above not having been met, Xeljanz 5mg #60 prescribed 5-8-15 is not medically necessary.

Flurbiprofen 25% Lidocaine 5% Menthol 5%/Camphor 1%/180gm cream prescribed 5-8-15: 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: The requested Flurbiprofen 25% Lidocaine 5% Menthol 5%/Camphor 1%/180gm cream prescribed 5-8-15 is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has continued total body pain, chronic fatigue and problems sleeping. She complains of bilateral wrist pain and swelling however, paraffin bath helps. She is also doing water fitness, which helps significantly. Physical exam showed no new joint swelling. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flurbiprofen 25% Lidocaine 5% Menthol 5%/Camphor 1%/180gm cream prescribed 5-8-15 is not medically necessary.

Diclofenac 100mg #30 prescribed 5-8-15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), NSAIDs, and Specific Drug List & Adverse Effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online Version): Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Diclofenac 100mg #30 prescribed 5-8-15 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted". The injured worker has continued total body pain, chronic fatigue and problems sleeping. She complains of bilateral wrist pain and swelling however, paraffin bath helps. She is also doing water fitness, which helps significantly. Physical exam showed no new joint swelling. The treating physician has not documented duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing nor the medical necessity for two concurrent anti-inflammatory medications. The criteria noted above not having been met, Diclofenac 100mg #30 prescribed 5-8-15 is not medically necessary.