MAXIMUS Federal Services

Case Number:	CM15-0139488		
Date Assigned:	07/29/2015	Date of Injury:	12/01/2013
Decision Date:	09/22/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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: Arizona, Michigan
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:

This 54-year-old claimant sustained an industrial injury on 12/01/2013. On 12/15/2015, the injured worker was seen for a recheck of shoulder pain and for a cortisone injection to the right elbow. Prescriptions included Voltaren XR, Tramadol and Flurbiprofen-Lidocaine cream. Disability status included modified duty with no lifting greater than 10 pounds with the right arm. On 01/20/2015, the injured worker was working full duty. On 02/04/2015, the injured worker reported severely increased symptoms since returning to regular duty. There was significant swelling and pain in both arms, radiating throughout the forearms, causing pressure in the elbows. Modified duty of no lifting greater than 25 pounds with the left arm and hand was prescribed. A urine toxicology report dated 02/04/2015 stated that Tramadol was reported as prescribed and was not detected in the sample. According to a progress report dated 06/08/2015, the injured worker was seen for a recheck of hand pain. The course had been without change. Hand pain was moderate and characterized as a dull aching. Pain affected the left hand. Symptoms were associated with muscle weakness. According to the provider, the injured worker had been placed on modified duty during the previous examination, but no modified duty was available. A referral to an orthopedic surgeon was authorized. Additional reasons for visit included a recheck of knee pain, shoulder pain and elbow pain. Assessments included bursitis of shoulder right, biceps tendonitis on right, arthritis gouty, bursitis of elbow, epicondylitis lateral right, contusion of hand left, Dupuytren contracture and arthritis of elbow right, degenerative. Work status included modified duty with no lifting over 10 pounds with either arm. Prescriptions included Flurbiprofen with Lidocaine in a topical cream, Diclofenac XR 100 mg # 60 1 tablet

twice a day, Ultram ER 150 mg #60 1 tab daily and Omeprazole 20 mg #60 1 tab twice a day. Currently under review is the request for Ultram ER-Tramadol 150 mg capsule #30, Voltaren XR-Diclofenac Sodium XR 100 mg tablet #60, Flurbiprofen 25%- lidocaine 5% in Lidoderm base, 30 grams, 3 day and Flurbiprofen 25%-lidocaine 5% in Lidoderm base 120 grams, 30 day. Documentation submitted for review shows use of Voltaren XR, Tramadol and Flurbiprofen- Lidocaine cream dating back to 12/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER/Tramadol 150mg capsule #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Opioids, Long-term users of opioids Page(s): 9, 78, 88.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. MTUS guidelines state that on-going management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Pain and functional improvement should be documented and compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. In this case, the treating provider did not document current pain, the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There was no discussion as to the inconsistent urine drug screen dated 02/04/2015. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

Voltaren XR/Diclofenac Sodium XR 100mg tablet #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 9, 22, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-NSAIDS.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. MTUS guidelines state that NSAIDS (non-steroidal anti-inflammatory drugs) 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. MTUS specific recommendations for NSAIDs include treatment of osteoarthritis for the shortest time possible and short-term treatment of back pain. It may be useful for breakthrough and mixed pain conditions in patients with neuropathic pain. Other chronic pain conditions are not discussed. Guidelines recommend NSAIDS for acute exacerbations of chronic back pain as a second-line treatment after acetaminophen. ODG specific recommendations for NSAIDS (non-steroidal anti-inflammatory drugs) include treatment of osteoarthritis for the shortest period in patients with moderate to severe pain, for treatment in acute low back pain & acute exacerbations of chronic pain and short-term symptomatic relief of chronic low back pain. In this case, documentation shows long-term use of non-steroidal anti- inflammatory drugs, which is not medically necessary. In addition, there is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care.

Flurbiprofen 25%- lidocaine 5% in lipoderm base, 30gm, 3 day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Topical Analgesics Page(s): 9, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs (non-steroidal anti-inflammatory drugs), opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is

not recommended. Guidelines recommend topical Lidocaine only in the form of the Lidoderm patch for localized peripheral pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Flurbiprofen is a non-steroidal anti-inflammatory drug. Per MTUS Guidelines, topical non-steroidal anti-inflammatory drugs (NSAIDs) are used for the treatment of osteoarthritis and tendonitis, in particular, knee and elbow joints that are amenable to topical treatment. There is little evidence that supports topical NSAIDs as a treatment option for spine and shoulder conditions. The duration of effect is for a short-term use (4-12 weeks) with reported diminished effectiveness over time. Topical NSAIDS are not recommended for neuropathic pain, as there is no evidence to support use. FDA approved agents include Voltaren Gel 1% which is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of spine, hip or shoulder. The only FDA approved topical NSAIDS are diclofenac formulations. All other topical NSAIDS are not FDA approved. In this case, the requested treatment contains Flurbiprofen, which is not recommended by guidelines. The requested treatment contains Lidocaine in the unapproved form. In addition, there was no discussion of trial and failure of antidepressants and anticonvulsants in the documentation submitted for review. The treating physician's request did not give directions for use. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.

Flurbiprofen 25%-lidocaine 5% in lipoderm base 120gm, 30 day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Topical Analgesics Page(s): 9, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs (non-steroidal anti-inflammatory drugs), opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Guidelines recommend topical Lidocaine only in the form of the Lidoderm patch for localized peripheral pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Flurbiprofen is a non-steroidal anti-inflammatory drug. Per MTUS Guidelines, topical non-steroidal anti-inflammatory drugs (NSAIDs) are used for the treatment of osteoarthritis and tendonitis, in

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