

Case Number:	CM15-0162425		
Date Assigned:	08/28/2015	Date of Injury:	03/05/2012
Decision Date:	09/30/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/18/2015

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: Physical Medicine & Rehabilitation

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 45-year-old female who sustained an industrial injury on March 05, 2012. A chiropractic follow up dated April 09, 2015 reported she underwent manipulation with general anesthesia on April 06, 2015 under the diagnoses of: cervical, thoracic, lumbar and sacroiliac strain and sprain subluxations complicated by articular and myofascial fibrosis; status post left shoulder arthroscopy with adhesive capsulitis. April 08, 2015 noted the last of three manipulative treatments performed. A primary treating office visit dated March 03, 2015 reported subjective complaint of with neck pain and the muscle relaxers are making the pain worse. There is also complaint of thoracic and lumbar pain. Active medications were: Biofreeze, Celebrex, Fish Oil, Flexeril, Levora, and Lidoderm % 5 patches, Lisinopril, Lyrica, Meloxicam, Percocet, and Relpax. The plan of care noted continuing medication regimen as listed above. At primary, follow up on Jun08, 2015 the plan of care noted continuing with current medications to include: skelaxin, Repax, Percocet, Nortriptyline, Meloxicam, Lyrica, Lisinopril, Lidoderm, Flector patches, fish Oil, and Biofreeze.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector 1.3%, three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22; Topical Analgesics, pages 111-113.

Decision rationale: 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. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. Intolerance to oral medications is not documented. Additionally, there are evidence-based published articles noting that topical treatment with NSAIDs and other medications can result in blood concentrations and systemic effects comparable to those from oral treatment. It was advised that topical non-steroidal anti-inflammatory drugs should be used with the same precautions as other forms of the drugs in high-risk patients, especially those with reduced drug metabolism as in renal failure. The Flector 1.3%, three refills is not medically necessary and appropriate.