

Case Number:	CM15-0034283		
Date Assigned:	03/02/2015	Date of Injury:	11/09/2012
Decision Date:	04/08/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	02/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 51 year old female, who sustained an industrial injury on 11/09/2012. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include lumbar sprain/strain, lumbar radiculitis, lumbar degenerative disc disease and degenerative facet disease, bilateral knee degenerative joint disease, and bilateral knee meniscal tears. Treatment to date has included medication regimen, laboratory studies, chiropractic care, x-ray of the right knee, x-ray of the lumbar spine, and x-ray of the left knee. In a progress note dated 11/12/2014 the treating provider reports complaints of ongoing back and knee pain. The documentation provided did not contain the current requested medications of Anaprox, Tramadol, and Flurbiprofen. On 02/23/2015 Utilization Review non-certified the requested treatments of Anaprox 550mg with a quantity of 60, Tramadol 150mg with a quantity of 30, and Flurbiprofen 25% apply three times daily, noting the California Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 mg total #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Anaprox 550 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are lumbar sprain/strain; lumbar radiculitis; lumbar degenerative disc disease; bilateral knee degenerative joint disease; bilateral knee meniscal tears; and morbid obesity. The documentation shows Anaprox prescribed as far back as May 13, 2014. Anti-inflammatory drugs are recommended at the lowest dose for the shortest period. There is no documentation of objective functional improvement. Additionally, a urine drug screen from May 13, 2014 was inconsistent. The inconsistency was the result of amphetamines and methadone present in the urine. The inconsistency was not addressed any further in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement in association with an inconsistent urine drug toxicology screen with amphetamine and methadone and recommended guidelines for the shortest period at the lowest dose (NSAI), Anaprox 550 mg #60 is not medically necessary.

Tramadol 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 150 mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are lumbar sprain/strain; lumbar radiculitis; lumbar degenerative disc disease; bilateral knee degenerative joint disease; bilateral knee meniscal tears; and morbid obesity. The documentation shows tramadol was prescribed as far back as May 13, 2014. There is no documentation of objective functional improvement. Additionally, a urine drug screen from May 13, 2014 was

inconsistent. The inconsistency was the result of amphetamines and methadone present in the urine. The inconsistency was not addressed any further in the medical record. Consequently, absent compelling clinical documentation with objective functional improvement in association with an inconsistent urine drug toxicology screen with amphetamine and methadone, Tramadol 150 mg #30 is not medically necessary.

Flurbiprofen 25% topical cream apply TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen is not FDA approved for topical use. In this case, the injured worker's working diagnoses are lumbar sprain/strain; lumbar radiculitis; lumbar degenerative disc disease; bilateral knee degenerative joint disease; bilateral knee meniscal tears; and morbid obesity. Any compounded product that contains at least one drug (Flurbiprofen 25%) that is not recommended is not recommended. The most recent progress note in the medical record was dated November 12, 2014. The prescription for Flurbiprofen appeared in an attachment dated January 7, 2015. There was no progress note or medical documentation with a clinical indication or rationale for Flurbiprofen topical 25% cream. Consequently, Flurbiprofen 25% topical cream applied TID is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 25% topical cream applied TID is not medically necessary.