

<b>Case Number:</b>	CM14-0123271		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	04/03/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 51-year-old male with a 4/3/11 date of injury. At the time (5/29/14) of the request for authorization for Humira injection 40mg every 2 weeks, quantity 2; Diclofenac 100mg daily, #30; Tramadol 150mg, quantity 90; Flurbiprofen cream 180 gm, apply to affected area twice a day; and Sonata 10mg, one every hour of sleep, # 30, there is documentation of subjective (constant pains in the neck and back area in addition to pains in his feet, hands, elbows) and objective (cervical and lumbar spine range of motion is practically zero; positive Schober's sign; and tender points at occiput, low cervical, trapezius, supraspinatus, gluteal, greater trochanter, knee, and second rib bilaterally) findings, current diagnoses (ankylosing spondylitis), and treatment to date (medication including ongoing use of opioids). Regarding Tramadol 150mg, quantity 90, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Tramadol use to date. Regarding Flurbiprofen cream 180 gm, apply to affected area twice a day; there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks). Regarding Sonata 10mg, one every hour of sleep, # 30, there is no documentation of insomnia and the intention to treat over a short course (less than two to six weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Humira injection 40mg every 2 weeks, quantity 2: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/humira.html>

**Decision rationale:** MTUS and ODG do not address the issue. Medical Treatment Guidelines identify documentation of a diagnosis (with supportive subjective/objective findings) for which Humira injections are indicated (such as rheumatoid arthritis, juvenile idiopathic arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease, ulcerative colitis, and plaque psoriasis), as criteria necessary to support the medical necessity of Humira injections. Within the medical information available for review, there is documentation of a diagnosis (with supportive subjective/objective findings) for which Humira injections are indicated (ankylosing spondylitis). Therefore, based on guidelines and a review of the evidence, the request for Humira injection 40mg every 2 weeks is medically necessary.

**Diclofenac 100mg daily, # 30: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. ODG identifies that Diclofenac is not used as first line therapy. Within the medical information available for review, there is documentation of a diagnosis of ankylosing spondylitis. In addition, there is documentation of chronic pain. Therefore, based on guidelines and a review of the evidence, the request for Diclofenac 100mg daily, #30 is medically necessary.

**Tramadol 150mg, quantity 90.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 80, 78-80, 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of ankylosing spondylitis. In addition, there is documentation of moderate to severe pain and that Tramadol is being used as a second-line treatment. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with opioids, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 150mg, quantity 90 is not medically necessary.

**Flurbiprofen cream 180 gm, apply to affected area twice a day. .:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines-Compound Drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. Within the medical information available for review, there is documentation of a diagnosis of ankylosing spondylitis. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks). Therefore, based on guidelines and a review of the evidence, the request for Flurbiprofen cream 180 gm, apply to affected area twice a day is not medically necessary.

**Sonata 10mg, one every hour of sleep, # 30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment

**Decision rationale:** MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies Sonata as a prescription short-acting non-benzodiazepine hypnotic, which is approved for the short-term (usually two to six weeks) treatment of insomnia. Within the medical information available for review, there is documentation of a diagnosis of ankylosing spondylitis. However, there is no documentation of insomnia and the intention to treat over a short course (less than two to six weeks). Therefore, based on guidelines and a review of the evidence, the request for Sonata 10mg, one every hour of sleep, # 30 is not medically necessary.