

Case Number:	CM14-0132011		
Date Assigned:	08/22/2014	Date of Injury:	04/22/2011
Decision Date:	09/24/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 56-year-old male who reported an injury on 04/22/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 08/04/2014 indicated a diagnoses of lumbar sprain and strain, bilateral plantar fasciitis, bilateral ankle/foot pain, chronic pain syndrome, chronic pain related insomnia, and neuropathic pain. The injured worker reported low back pain and neck pain. The injured worker reported that his arms have been burning a lot, the injured worker reported pain in the right hand that was worse because he could not pick up a pen to write. The injured worker reported he was trying to go to the pool to get exercise, he rated his pain 4/10 to 5/10, the injured worker reported without pain medications, his pain was rated 9+/10, with medications it was 4/10 to 5/10. On physical examination the injured worker's blood pressure is 120/77, pulse 70, respirations 12. The injured worker's height was 5 foot 11 inches, weight 227 pounds, temp 97.1, BMI 31.7. The injured worker's treatment plan was Request for Authorization for a urine drug screen, extension for podiatrist consult, continue Dilaudid, Trepadone, Percura, Voltaren gel. Request for NESP-R program, continue all medications and return to clinic in 1 month. The injured worker's prior treatments included diagnostic imaging, and medication management. The injured worker's medications included Dilaudid, Trepadone, Percura, Voltaren gel. The Request for Authorization dated 08/04 was submitted for the above medications and a rationale was provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 8mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request for Dilaudid 8mg #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of documentation of efficacy and functional improvement with the use of Dilaudid. In addition there is lack of significant evidence of evaluation of risk for aberrant drug use behaviors and side effects, moreover, there is lack of a signed pain agreement. Furthermore, the request does not indicate a frequency for this medication, therefore the request for Dilaudid is not medically necessary.

Fluoroflex ointment 240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-113.

Decision rationale: The request for Fluoroflex ointment 240gm is not medically necessary. Fluoroflex (Flurbiprofen 15% Cyclobenzaprine 10%) The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Fluoroflex contains Flurbiprofen and cyclobenzaprine, it was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. In addition, the FDA approved routes of administration for Flurbiprofen includes oral tablets and ophthalmologic solutions. In addition, guidelines do not recommend the topical use of cyclobenzaprine as a topical muscle relaxant as there is no evidence for use of any other muscle relaxant as a topical product. Per the guidelines any compounded product that contains at least 1 drug or drug class that is not recommended, is not recommended. Furthermore, the request does not indicate a frequency or quantity for the Fluoroflex, therefore, the request for Fluoroflex ointment 240 gm, is not medically necessary.