

<b>Case Number:</b>	CM14-0133427		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	03/15/2005
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Family Practice and is licensed to practice in Ohio. 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 50 year old female with a date of injury of 3-15-2005. We are not told what the injury mechanism was or what diagnostic tests have been done until now. She has a diagnosis of seronegative rheumatoid arthritis and a chronic myofascial pain syndrome, possibly fibromyalgia. One progress note is included for review from 7-30-2014. The injured worker complained of pain in the shoulders, elbows, wrists and forearms. She noted pain and functional improvement of 50% with medication. The injured worker received methotrexate and prednisone for her rheumatoid arthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patch 1.3% # 60:** Upheld

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

**Decision rationale:** Per the Official Disability Guidelines, Flector patch is not recommended as a first-line treatment for chronic pain, it is recommended for osteoarthritis after a failure of an oral nonsteroidal anti-inflammatory medication. It may be used for acute strains, sprains, and contusions, but generally for less than 2 weeks. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the injured worker is not known to have osteoarthritis and the use of the Flector patch exceeds 2 weeks. Therefore, Flector patch 1.3% #60 is not medically necessary.

**Butrans 10 mcg # 4:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Definitions Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Chronic Pain Section>, Buprenorphine for Chronic Pain>.

**Decision rationale:** Buprenorphine is recommended as an option for treatment of chronic pain in selected patients. Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neuropathic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience. The MTUS guidelines state that opiates should be continued for those with chronic pain if there is improved pain and functionality. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions. In this case, the use of Butrans is associated with an improvement in functionality and pain. The guidelines do not ask the clinician to be terribly descriptive regarding what the actual improvement in activities of daily living is. Butrans 10 mcg #4 is therefore medically necessary.

**Flexeril 10 mg # 45:** Overturned

**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 Muscle Relaxants Section Page(s): 63 and 64.

**Decision rationale:** The above guidelines are somewhat contradictory with regard to the muscle relaxant Flexeril (cyclobenzaprine). While the guidelines do suggest that Flexeril should be used for short periods of time, generally 2-3 weeks, Flexeril has also been shown to be effective for fibromyalgia. Cyclobenzaprine has been shown to produce a modest benefit in treatment of fibromyalgia. Cyclobenzaprine-treated patients with fibromyalgia were 3 times more likely to report overall improvement and to report moderate reductions in individual symptoms. In this

instance, the injured worker likely has fibromyalgia and hence Flexeril 10mg #45 is medically necessary.

**Glucosamine 500 mg # 90:** Upheld

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

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

**Decision rationale:** Glucosamine is recommended as an option (glucosamine sulfate only) given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). In this case, the injured worker is not being treated for any arthritic condition as it pertains to her work connected injuries. Therefore, the request for Glucosamine 500mg #90 is not medically necessary.