

Case Number:	CM14-0166826		
Date Assigned:	10/14/2014	Date of Injury:	11/05/2012
Decision Date:	11/14/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/09/2014

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 and 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:

This 56 year-old patient sustained an injury on 11/5/12 while employed by [REDACTED]. Request(s) under consideration include Mobic 7.5mg #30, Fexmid 7.5mg #60, and Flector Patch 1.3%. Diagnoses include Calcaneofibular Sprain. The patient continues to treat for chronic right shoulder and low back pain radiating into the lower extremities. Report of 9/9/14 from the provider noted the patient with ongoing increased low back pain radiating to left lower leg with activities of prolonged sitting and standing; right shoulder pain was noted with loss of motion rated at 6/10. Exam of lumbar spine showed tenderness on palpation of paravertebral muscles; SLR increased low back pain radiating to left thigh and lower leg; decreased range with decreased L5 and S1 dermatomes in left lower extremity; right shoulder had tenderness in anterior capsule and trapezius muscles with trigger points and positive cross arm and impingement tests. The request(s) for Mobic 7.5mg #30, Fexmid 7.5mg #60, and Flector Patch 1.3% were non-certified on 9/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mobic 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs Page(s): 22.

Decision rationale: Anti-inflammatories 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 the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for neither this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen. Therefore, the request for Mobic 7.5mg #30 is not medically necessary and appropriate.

Fexmid 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: Per MTUS Chronic Pain Guidelines on muscle relaxant, Fexmid is not recommended for mild to moderate chronic persistent pain problems including chronic pain (other than for acute exacerbations) due to the high prevalence of adverse effects in the context of insufficient evidence of benefit as compared to other medications. Submitted reports have no demonstrated spasm or neurological deficits to support for continued use of a muscle relaxant for this 2012 injury. Due to the unchanged objective findings without demonstrated evidence of acute muscle spasm, the indication and necessity for continued use of muscle relaxant, Fexmid has not been adequately addressed to warrant continued treatment regimen without demonstrated functional improvement from treatment already rendered. MTUS Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Therefore, the Fexmid 7.5mg #60 is not medically necessary and appropriate.

Flector Patch 1.3%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: Per Guidelines, The efficacy in clinical trials for this treatment modality has been inconsistent and no long-term studies have shown their effectiveness or safety. Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs after consideration of increase risk profile of severe hepatic reactions including liver necrosis, jaundice, fulminant hepatitis, and liver failure (FDA, 2009),

but has not been demonstrated here. The efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and short duration. Topical NSAIDs are not supported beyond trial of 2 weeks as effectiveness is diminished similar to placebo effect. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety beyond 2 weeks especially for this chronic injury. There is no documented functional benefit from treatment already rendered. Therefore, the request for Flector Patch 1.3% is not medically necessary and appropriate.