

Case Number:	CM14-0180633		
Date Assigned:	11/05/2014	Date of Injury:	01/15/2003
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/30/2014

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 Internal Medicine, 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:

The injured worker (IW) is a 50-year-old woman with a date of injury of January 15, 2003. The mechanism of injury was not documented in the medical record. Pursuant to the office visit note dated September 25, 2014, the IW complains of total body pain, chronic fatigue and difficulty sleeping. The pain is mostly in her back and fingers. Physical examination reveals tightness of the lumbar paraspinals and absent patellar reflexes. There was no hepatomegaly, no new joint swelling, and no rheumatoid arthritis deformities. Current medications include: Glucosamine 750mg, Diclofenac 100mg, Flurbiprofen cream, Omeprazole, and Fexmid 7.5mg. The IW was diagnosed with rheumatoid arthritis, and chronic depressive personality disorder. The plan is for continued medications, physical therapy for low back, and VQ lumbar back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5 MG 1 TBID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 41.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Fexmid 7.5mg one tablet PO TBID is not medically necessary. Muscle relaxants are recommended as a second line option for short term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect is within the first four days. In this case, there is no documentation supporting continued use of Fexmid. The documentation does not document an increase in objective functional improvement associated with the use of the drug. Additionally, this drug has been used long-term. However, the indication is for short-term use notwithstanding compelling clinical facts or documentation to support the contrary. The frequency of the drug is also unclear. The frequency states TBID and it is unclear whether or not the frequency is three times a day or twice a day. There was no documentation to support the long-term use of Fexmid. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Fexmid 7.5 mg one tablet PO TBID is not medically necessary.

Diclofenac 100 MG 1 TBID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

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, NSAID

Decision rationale: Pursuant to the Official Disability Guidelines, Diclofenac 100 mg 1 tab PO TBID is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose possible the shortest. The patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients and mild to moderate pain and, in particular, for those with gastrointestinal, cardiovascular or renal vascular risk factors. Anti-inflammatory drugs are superior to acetaminophen in patients with moderate to severe pain. In this case, a review of the July 11, 2014 progress note indicates the injured worker was already taking Diclofenac. The prescription was renewed at that July 11, 2014 visit. There was no documentation to support objective functional improvement or a decrease in symptoms as a result of taking Diclofenac. Additionally, the frequency of the prescribed Diclofenac is unclear on the request. The frequency of the medication states TBID and it is unclear whether that is three times a day or two times per day. Based on medical information in the medical record and the peer-reviewed evidence-based guidelines, Diclofenac 100 mg PO TBID is not medically necessary.

Flurbiprofen Cream AAA BID: Upheld

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

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 Chapter, Topical analgesics.

Decision rationale: Pursuant to the official disability guidelines, Flurbiprofen cream AAA is not medically necessary. Topical analgesics are largely experimental few controlled trials to determine efficacy or safety. There was little evidence to utilize topical nonsteroidal anti-inflammatory drugs for treatment of osteoarthritis of the hip or shoulder and no evidence to recommend nonsteroidal anti-inflammatory drugs for low back pain. In this case, the injured worker was being treated for low back pain. The indication state there is insufficient large-scale, randomized, controlled studies showing the safety and efficacy of the requested topical analgesic. Consequently, topical Flurbiprofen cream AAA is not medically necessary.