

Case Number:	CM14-0212966		
Date Assigned:	12/30/2014	Date of Injury:	01/16/2002
Decision Date:	03/09/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 50 year old female sustained an industrial related injury on 01/16/2002. Per the most recent progress report (PR) prior to the request (11/07/2014), the injured worker's subjective complaints included improvement in lumbar pain, continued radiating pain into the right foot with numbness and tingling in the right foot over the lateral toes. Objective findings included a lumbar flexion of 30 extension of 10, tenderness and spasm upon palpation over the paravertebral musculature, normal motor, reflex and sensory in the lower extremities, and pain to the posterior right thigh with straight leg raising test. Current diagnosis included lumbar spondylosis. There was no recent diagnostic testing mention per this report. The fenoprofen and Flurbiprofen were requested for the treatment of pain and inflammation. The MRI and the EMG/NCS were requested for the evaluation of significant increase in pain and reported numbness and tingling in the lower extremities. Treatments in place around the time the request for services was made included medications, home exercise program, and activity restrictions. The injured worker reported pain had decreased by 85% with use of medications. Per the evaluation, functional deficits were not increased or worsened. Activities of daily living were unchanged. The injured worker's work status was modified. Dependency on medical care was unchanged. On, 11/20/2014, Utilization Review non-certified a request for fenoprofen 400mg #90 which was requested on, 11/11/2014. The fenoprofen 400mg #90 was non-certified based on the absence of clinical evidence of osteoarthritis or ankylosing spondylosis to support the use of this medication. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review

(IMR) requested an appeal for the non-certification of fenoprofen 400mg #90. On 11/20/2014, Utilization Review non-certified a request for Flurbiprofen topical cream 30 gm 72 hour supply which was requested on 11/11/2014. The Flurbiprofen topical cream 30 gm 72 hour supply was non-certified based on the absence of clinical evidence of osteoarthritis or tendonitis of the knee, elbow or other joints to support the use of this medication, and the absence of neuropathic pain. The MTUS Chronic Pain and ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of Flurbiprofen topical cream 30 gm 72 hour supply. On 11/20/2014, Utilization Review non-certified a request for Flurbiprofen topical cream 120 gm 30 day supply which was requested on 11/11/2014. The Flurbiprofen topical cream 120 gm 30 day supply was non-certified based on the absence of clinical evidence of osteoarthritis or tendonitis of the knee, elbow or other joints to support the use of this medication, and the absence of neuropathic pain. The MTUS Chronic Pain and ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of Flurbiprofen topical cream 120 gm 30 day supply. On, 11/20/2014, Utilization Review non-certified a request for an urgent MRI of the lumbar spine which was requested on, 11/11/2014. The urgent MRI of the lumbar spine was non-certified based on the absence of progressive neurological deficits, normal motor, sensory and reflex exams, absence of red flags or recent trauma, and improvement in pain. The MTUS Chronic Pain and ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of urgent MRI of the lumbar spine. On, 11/20/2014, Utilization Review non-certified a request for an urgent EMG and NCS for the lower extremities which was requested on 11/11/2014. The urgent EMG and NCS for the lower extremities was non-certified based on the absence of progressive neurological deficits, normal motor, sensory and reflex exams, absence of red flags or recent trauma, and improvement in pain. The MTUS Chronic Pain and ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of urgent EMG and NCS for the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fenoprofen 400mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects: NSAIDs (non-steroida).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fenoprofen 400 mg #90 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another

based on efficacy. In this case, the injured worker working diagnosis is lumbar spondylosis. Subjectively, the injured worker reports low back symptoms or improved by 5%. She has pain with prolonged sitting. Pain radiates down to the right foot with numbness and tingling. Low back pain is 7/10 with limited ADLs by 60%. Objectively, range of motion is limited. There's tenderness and spasm's palpable over the power vertebral muscle groups. Neurologic evaluation is unremarkable. The injured worker was taking Voltaren XR 100 mg since August 15, 2014. In a progress note dated November 17, 2014 the treating physician stated: The following medications be dispensed to the patient upon receipt of authorization to assist in reducing or dating in resolving the patient's signs and symptoms". Medications to be added are Fenoprofen 400 mg Voltaren XR and flurbiprofen cream. There is no clinical rationale in the medical record indicating why two nonsteroidal anti-inflammatory drugs are being used concurrently. The documentation does not contain evidence of objective functional improvement or non-improvement Voltaren XR and there is no clinical indication for the use of two nonsteroidal anti-inflammatory drugs taken at the same time. Consequently, absent clinical documentation to support the use of Fenoprofen, Fenoprofen 400 mg #90 is not medically necessary.

30GM Flurbiprofen topical cream, 72 hour supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects: NSAIDs (non-steroida).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 30 g, 72 hour supply is not medically necessary. Diclofenac is the only FDA approved nonsteroidal anti-inflammatory for topical use. Flurbiprofen is not FDA approved for topical use. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured workers working diagnosis is lumbar spondylosis. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Flurbiuprofen) that is not recommended is not recommended. Consequently, topical Flurbiprofen is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 30 g, 72 hour supply is not medically necessary.

120 GM Flurbiprofen topical cream, 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects: NSAIDs (non-steroida).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flurbiprofen 120 g 30 day supply is not medically necessary. Diclofenac is the only FDA approved nonsteroidal anti-inflammatory for topical use. Flurbiprofen is not FDA approved. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the injured workers working diagnosis is lumbar spondylosis. Flurbiprofen is not FDA approved for topical use. Any compounded product that contains at least one drug (Flurbiuprofen) that is not recommended is not recommended. Consequently, topical Flurbiprofen is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Flurbiprofen 120 g 30 day supply is not medically necessary.

Urgent EMG and nerve conduction study for the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, EMG/NCV

Decision rationale: Pursuant to the Official Disability Guidelines, EMG/NCV of the lower extremities is not medically necessary. Nerve conduction studies are not recommended. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. EMGs are recommended as an option to obtain unequivocal evidence of radiculopathy, after one month conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious. In this case, the injured workers working diagnosis is lumbar spondylosis. Subjectively, the injured worker reports low back symptoms or improved by 5%. She has pain with prolonged sitting. Pain radiates down to the right foot with numbness and tingling. Low back pain is 7/10 with limited ADLs by 60%. Objectively, range of motion is limited. There's tenderness and spasm palpable over the power vertebral muscle groups. Neurologic evaluation is unremarkable. There is minimal justification for performing nerve conduction studies when the patient is presumed to have symptoms on the basis of radiculopathy. The patient is presumed to have radiculopathy based on the symptoms and signs enumerated above. Guideline recommendations do not recommend nerve conduction velocity studies based on clinical documentation of radiculopathy. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, EMG/NCV of the lower extremities is not medically necessary.

Urgent MRI study for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI's

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI lumbar spine is not medically necessary. MRIs of the test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The Official Disability Guidelines enumerate the indications for magnetic resonance imaging. They include, but are not limited to, uncomplicated low back pain, other red flags; with radiculopathy after at least one month conservative therapy, sooner if severe or progressive neurologic deficit; prior lumbar surgery; etc. In this case, the injured workers working diagnosis is lumbar spondylosis. Subjectively, the injured worker reports low back symptoms or improved by 5%. She has pain with prolonged sitting. Pain radiates down to the right foot with numbness and tingling. Low back pain is 7/10 with limited ADLs by 60%. Objectively, range of motion is limited. There is tenderness and spasm palpable over the power vertebral muscle groups. Neurologic evaluation is unremarkable. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. The worker had a Lumbar MRI 2002. The documentation does not contain evidence of a significant change in symptoms or objective findings. Consequently, absent clinical documentation to support repeating the MRI lumbar spine (2002), MRI lumbar spine is not medically necessary.