MAXIMUS Federal Services

Case Number:	CM14-0218950		
Date Assigned:	01/09/2015	Date of Injury:	08/24/2014
Decision Date:	03/05/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: Pennsylvania
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:

The injured worker is a 46-year-old male, who sustained an industrial injury on August 24, 2014. The worker had reported to have right mid-calf and mid-right lower leg pain with a large hematoma of the upper and mid leg with ecchymosis at the heel area. The initial diagnoses included right contusion of the lower leg and right strain of the gastrocnemius with muscle contusion. Initial treatment included motrin, elevation, and application of ice. Treatment to date has included medication management and physical therapy. Per the physician's visit dated November 5, 2014, the injured worker was complaining of bilateral ankle and feet pain that was rated 6 out of 10 in severity. Physical examination showed grade 2 tenderness to palpation of bilateral ankles and feet which has remained stable since his last visit. The worker was receiving physical therapy, which was reported to be helping. The worker reported he had started a new job, which did not require heavy lifting, and he was tolerating the job full time without difficulty. Current diagnoses were bilateral gastrocnemius contusion, bilateral ankle strain/sprain, bilateral ankle contusion and Achilles tendinitis. Work status was temporary partial disability with with no prolonged walking on uneven ground including stair-climbing. Mobic, Fluriflex cream, and extracorporeal shock wave therapy were prescribed. On December 5, 2014 Utilization Review non-certified a prescription for Mobic 15mg, 60 count, noting the medication was indicated for relief of signs and symptoms of osteoarthritis and the submitted documentation did not support a diagnosis or objective findings of osteoarthritis. Utilization Review also non-certified a prescription of Fluriflex 180mg cream, noting the medication is a custom compounded topical cream with ten percent cyclobenzaprine and the use of topical muscles relaxants was not

recommended. The MTUS, Chronic Pain Medical Treatment Guidelines, was cited. Utilization Review non-certified a request for 4 sessions of extracorporeal shock wave therapy, noting the request was for more than the number recommended in the guidelines and due to lack of documentation of plantar fasciitis, and citing the ODG. On December 30, 2014, the Utilization Review decision was appealed to independent medical review (IMR).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Mobic 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): p. 368-370,Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

Decision rationale: The injured worker is in the subacute to chronic phase of injury with diagnoses of gastrocnemius contusion, bilateral ankle sprain/strain, bilateral ankle contusion, and Achilles tendinitis. Initial care for ankle and foot complaints recommended by the MTUS include nonprescription nonsteroidal anti-inflammatory agents (NSAIDs) such as ibuprofen or naproxen, or other prescription NSAIDs. Per the MTUS chronic pain medical treatment guidelines, NSAIDS are recommended for osteoarthritis and second line for acute exacerbations of chronic pain. The lowest dose for the shortest period of time is recommended in patients with moderate to severe pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. The documentation from the physician did note specific improvement as a result of treatment of the injured worker with motrin and Mobic. There is documentation of continued pain, as well as lack of documentation of functional improvement specifically related to use of NSAIDs. The phase of treatment is past the acute phase during which NSAIDs are indicated, and as noted NSAIDs carry risk of delayed soft tissue healing; the injured worker's current diagnoses are soft tissue issues. For these reasons, the request for Mobic 16 mg #60 is not medically necessary.

1 prescription of Fluriflex 180gm cream: Upheld

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

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

Decision rationale: Fluriflex is a compounded topical medication containing flurbiprofen (a nonsteroidal anti-inflammatory agent or NSAID) and cyclobenzaprine (a muscle relaxant). Per the MTUS, if any compounded product contains at least one drug that is not recommended, the

compounded product is not recommended. Per the MTUS, topical nonsteroidal anti-inflammatory medications (NSAIDs) for short term pain relief may be indicated for pain in the extremities caused by osteoarthritis or tendonitis. There should be no concurrent use of an oral and topical NSAID. The injured worker was also prescribed Mobic, an oral nonsteroidal, rendering treatment duplicative and potentially toxic. MTUS notes that there is no evidence for use of muscle relaxants as a topical product. As the compound contains topical cyclobenzaprine, which is not recommended, the compounded product is not recommended. The request for Fluriflex 180 gm cream is not medically necessary.

4 extracorporeal shock wave therapy sessions (ECSWT) to the bilateral ankles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankles & Fett (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): p.371. Decision based on Non-MTUS Citation ankle and foot chapter: ESWT

Decision rationale: The injured worker has diagnoses of gastrocnemius contusion, bilateral ankle sprain/strain, bilateral ankle contusion, and Achilles tendinitis. Per the MTUS, limited evidence exists regarding extracorporeal shock wave therapy in treating plantar fasciitis. Insufficient high quality scientific evidence exists to clearly determine the effectiveness of this therapy. The MTUS does not discuss use of extracorporeal shock wave therapy for the injured workers diagnoses of ankle sprain/strain, ankle contusion, and Achilles tendinitis. The ODG notes that low energy extracorporeal shock wave therapy is recommended as an option for chronic plantar fasciitis. There was no convincing evidence for recommendation of extracorporeal shock wave therapy for Achilles tendinopathy. As the injured worker does not have a diagnosis of plantar fasciitis, the request for 4 extracorporeal shock wave therapy sessions is not medically necessary.