

Case Number:	CM15-0113207		
Date Assigned:	06/19/2015	Date of Injury:	05/31/2012
Decision Date:	07/20/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/11/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 34 year old male who sustained a work related injury May 31, 2012, when struck on the head with a 20 pound ventilation system. He complained of injuries to his head, neck, mid-back, and left knee. He received medication, physical therapy and underwent x-rays. According to a primary treating physician's supplemental report, dated April 29, 2015, the injured worker presented with complaints of headaches, rated 8/10, which have decreased from 9/10 on the last visit. He also reports elbow pain, rated 9/10 which has remained the same since the last visit. Objective findings left elbow; grade 3-4 tenderness to palpation, same as last visit and no changes on neuro-circulatory examination. He is pending authorization for consultations with a dentist and ophthalmologist. Diagnostic impressions are s/p blunt head trauma with loss of consciousness; dental trauma; left elbow medial epicondylitis; exacerbation left elbow ulnar neuropathy. Treatment plan includes pending shockwave therapy and a functional capacity evaluation to ensure he can meet the physical demands of his occupation. A primary physician's report for re-evaluation, dated March 18, 2015, finds the injured worker complaining of headaches, pain in his teeth, neck, and left elbow. He continues to walk as a form of exercise. His headaches are in the bilateral occipital, temporal and frontal regions and associated with lightheadedness and blurred vision, rated 7/10. Neck pain occurs at the base of the skull, middle and base of the neck, and bilateral paraspinal region without radiation, rated 6/10. The upper and mid-back pain, rated 6/10, and described as frequent, is associated with pins and needles as well as pressure and tension. The lower back pain occurs in the middle of the back and bilateral sides of the sacroiliac region, lumbar region, and tailbone without radiation and rated 2/10. The

left shoulder pain is rated 7/10 and is associated with limited range of motion. The left elbow pain, rated 8/10, is associated with limited range of motion and is constant. The left knee pain is associated with clicking, swelling, and locking and rated 5/10. At issue, is the request for authorization for Motrin and Flurbi cream, Flurbiprofen/Lidocaine/Amitriptyline.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Motrin 600mg: Overturned

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 NSAID Page(s): 68-72.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX 2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain, Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore the request is medically necessary.

Flurbi (NAP) cream, LA (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) - 180 grams: 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 topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.