

Case Number:	CM15-0127160		
Date Assigned:	07/14/2015	Date of Injury:	08/28/2012
Decision Date:	09/24/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	07/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 35 year old female who sustained an industrial injury on 8/28/12. The injured worker was diagnosed as having degeneration of cervical intervertebral disc, brachial radiculitis, cervicgia, other disorder of muscle, ligament and fascia, carpal tunnel syndrome, spasm of muscle, insomnia, sprain of neck and spasm of muscle. Currently, the injured worker was with complaints of right hand pain. Previous treatments included physical therapy, chiropractic treatments, home exercise program, topical opioid patch, oral nonsteroidal anti-inflammatory drugs, and oral muscle relaxant. Previous diagnostic studies were not included. The injured work status was noted as permanent and stationary, documentation dated May of 2015 state the injured worker was to return to work with modifications. The injured workers pain level was noted as 5/10. Physical examination was notable for deep cervical fascia with myofascial pain and spasms, right arm motor function 4/5. The plan of care was for Hysingla extended release 20 milligrams quantity of 30 and Flurbiprofen 20% cream 1-2 grams 5 times a day quantity of 300 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla extended release 20mg PO QD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80 and 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, Hysingla (hydrocodone).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, (Effective July 18, 2009) Page(s): 44, 47, 75-79 and 120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Hysingla.

Decision rationale: Regarding the request for Hysingla, California Pain Medical Treatment Guidelines cite that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. ODG specifically cites that Hysingla is indicated for treatment of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. Within the documentation available for review, the patient is noted to be utilizing another long-acting opioid and there is no clear rationale presented for the use of concurrent long-acting opioids. Furthermore, there is no indication that alternative treatment options are inadequate. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Hysingla is not medically necessary.

Flurbiprofen 20% cream 1-2g 5x/day #300g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Regarding the request for flurbiprofen cream, CA MTUS states that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested flurbiprofen cream is not medically necessary.