MAXIMUS Federal Services

Case Number:	CM15-0175154		
Date Assigned:	09/16/2015	Date of Injury:	07/31/2001
Decision Date:	10/21/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/04/2015

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, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 61 year old male who sustained an industrial injury on 7-31-2001. A review of medical records indicates the injured worker is being treated for rheumatoid arthritis, acute gouty arthropathy, and long-term use of medication. Medical records dated 8-3-2015 note continued total body pain. Physical examination noted no new joint swelling and rheumatoid arthritis deformities were severe to the hands and knees. Treatment has included medications (flurbiprofen since at least 5-6-2015, Cyclobenzaprine cream since at least 6-17-2015, and Diclofenac since at least 7-29-2015). Utilization review dated 8-11-2015 non-certified flurbiprofen cream, cyclobenzaprine cream, and diclofenac tab.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen cream 2 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The CA MTUS cited lists Voltaren Gel as an FDA approved medication indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. Of the non FDA-approved agents, only ketoprofen was listed. In neither case is flurbiprofen topical indicated. In addition, the MTUS states that topical NSAIDs are not recommended for neuropathic pain. In the case of this IW, the treating provider notes available are illegible, and it is not clear whether the use of flurbiprofen cream was for his knee pain or radiating pain from the low back. However, in either instance, flurbiprofen cream 2 times a day is not medically necessary and appropriate.

Cyclobenzaprine cream 2 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The CA MTUS guidelines on topical analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily used for neuropathic pain when first-line agents, such as antidepressants and anticonvulsants, have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The MTUS states that muscle relaxers (e.g. cyclobenzaprine) are not recommended as topical products, and as cyclobenzaprine is a muscle relaxant not recommended by the MTUS, the request cyclobenzaprine cream 2 times a day cannot be considered medically necessary and appropriate at this time.

Diclofenac tab 100 mg ER take 1 2 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac.

Decision rationale: Per the CA MTUS guidelines cited, NSAIDs (non-steroidal anti-inflammatory drugs), are recommended for acute exacerbations of chronic back pain, as a second-line treatment after acetaminophen. They are also recommended as an option for short-term symptomatic relief for exacerbations of chronic low back pain. For neuropathic pain, long-term evidence is inconsistent, but they may be useful to treat breakthrough pain. According to the cited ODG, diclofenac is not recommended as first-line due to increased risk profile. Based

on the treating physician's notes, diclofenac was prescribed for treatment of rheumatoid arthritis and history of total body pain; however, there was no indication of efficacy, side effects, and long-term management goals. Therefore, the request for diclofenac tab 100 mg ER take 1-2 times a day is not medically necessary and appropriate.