MAXIMUS Federal Services

Case Number:	CM15-0073163		
Date Assigned:	04/23/2015	Date of Injury:	12/16/2008
Decision Date:	06/11/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/16/2015

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: Massachusetts
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 36 year old female, who sustained an industrial injury on 12/16/2008. Treatment to date has included medications, home exercise, aqua therapy, physical therapy occupational therapy, chiropractic care and massage therapy. According to a progress report dated 03/20/2015, the injured worker had increasing low back pain which was rated 7 on a scale of 1-10. Diagnoses included degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis unspecified, sciatica, lumbago, spondylosis of unspecified site without mention of myelopathy, spasm of muscle, lumbar sprain and encounter for therapeutic drug monitoring. Treatment to date has included medications, home exercise, aqua therapy, physical therapy occupational therapy, chiropractic care and massage therapy. The provider noted that the injured worker had been on benzodiazepines previously and had tried short-acting opioid medications (Norco and Percocet), but they were not long-lasting enough for her to work a whole working day. She was currently working in two jobs. The provider was appealing the denial of Hysingla and the topical compound anti-inflammatory cream. A prescription for Robaxin was given for spasms. Currently under review is the request for Hysingla ER, Compound cream/Flurbiprofen 20%, Lidocaine 5% #300 grams and Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER 20mg daily #30 (prescribed 3-5-15): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, Opioids, criteria for use, Opioids, dosing Page(s): 8, 76-80 and 86.

Decision rationale: The claimant sustained a work-related injury in December 2008 and continues to be treated for chronic low back pain. When seen, she had worsening symptoms. Prior conservative treatments had been extensive. An allergy to Flexeril is documented. Physical examination findings included decreased range of motion and an antalgic gait. Hysingla was prescribed at a total MED (morphine equivalent dose) of 2 mg per day. Medications also included Anaprox. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Hysingla (extended release hydrocodone) is a sustained release formulation and would be used to treat baseline pain which is present in this case. It was requested as part of the claimant's ongoing management. There are no identified prior issues of abuse or addiction. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Hysingla was medically necessary.

Compound cream- Flurbiprofen 20%/Lidocaine5% 3-4 times daily #300 grams (prescribed 3-5-15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Topical Analgesics Page(s): 60 and 111-113.

Decision rationale: The claimant sustained a work-related injury in December 2008 and continues to be treated for chronic low back pain. When seen, she had worsening symptoms. Prior conservative treatments had been extensive. An allergy to Flexeril is documented. Physical examination findings included decreased range of motion and an antalgic gait. Hysingla was prescribed at a total MED (morphine equivalent dose) of 2 mg per day. Medications also included Anaprox. Flurbiprofen is a non-steroidal anti-inflammatory medication. Compounded topical preparations of Flurbiprofen are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. The claimant has not had a trial of topical Diclofenac. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. In this case, the claimant's medications include the oral non-steroidal anti-inflammatory medication Anaprox. The need to prescribe two non-steroidal anti-inflammatory medications is not established. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, this medication is not medically necessary.

Fexmid 7.5mg three times per day #90 (prescribed 3-5-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants Page(s): 41, 60 and 63.

Decision rationale: The claimant sustained a work-related injury in December 2008 and continues to be treated for chronic low back pain. When seen, she had worsening symptoms. Prior conservative treatments had been extensive. An allergy to Flexeril is documented. Physical examination findings included decreased range of motion and an antalgic gait. Hysingla was prescribed at a total MED (morphine equivalent dose) of 2 mg per day. Medications also included Anaprox. Fexmid (Flexeril, Cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long term use and the treating provider documents an allergy to this medication. The request was therefore not medically necessary.