

Case Number:	CM13-0017389		
Date Assigned:	09/23/2013	Date of Injury:	02/16/2010
Decision Date:	06/24/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/28/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 female who reported an injury on 02/06/2010. The mechanism of injury was a motor vehicle accident and reportedly sustained an injury to the thoracic spine. The injured worker's treatment history included physical therapy, a TENS unit, multiple medications, and epidural steroid injections. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 06/10/2013. It was documented that the injured worker had ongoing upper back and low back complaints. Physical findings included normal lumbar range of motion with no evidence of significant tenderness or neurological deficits. The injured worker's diagnosis included thoracic sprain/strain. At that time, the injured worker's medications were listed as acetaminophen, orphenadrine, Polar Frost, and tramadol. The injured worker's treatment plan included physical therapy and conservative management. The injured worker was evaluated on 07/31/2013. It was documented that the injured worker had continued thoracic spine pain complaints with tenderness to palpation of the trapezius and paraspinal musculature of the T3 through the T9 with mild spasms and no evidence of motor deficits. The injured worker's treatment plan included capsaicin, flurbiprofen, Medrox, and other topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION FOR FLURBIPROFEN, #20 BETWEEN 6/21/13: 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 Chronic Pain Medical Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: California Medical Treatment Guidelines recommend muscle relaxants for short durations of treatment for acute exacerbations of chronic pain. The clinical documentation submitted for review did not include an assessment of the patient on 06//21/2013 to support that the patient had an acute exacerbation of chronic pain. Therefor the necessity of this medication cannot be established. Furthermore, the request does not include a frequency of treatment. In the absence of this information, the appropriateness of the request cannot be determined. As such, the retrospective prescription of Cyclobenzprine, #20 on 06/21/2013 is not medically necessary or appropriate.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION FOR CYCLOBENZAPRINE, #20 6/21/2013: 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.

Decision rationale: The clinical documentation did not include any documentation from 06/21/2013 to support the request. The injured worker's most recent clinical documentation from that time period was dated 06/10/2013. The injured worker did have ongoing pain complaints of the thoracic spine. California Medical Treatment Utilization Schedule does not support the use of topical nonsteroidal anti-inflammatory drugs unless the injured worker has failed to respond to a trial of oral nonsteroidal anti-inflammatory drugs or when oral nonsteroidal anti-inflammatory drugs are contraindicated for the patient. The clinical documentation does not provide any evidence that the injured worker cannot tolerate oral formulations of this medication. Additionally, California Medical Treatment Utilization Schedule does not support the use topical nonsteroidal anti-inflammatory drugs for spinal pain. the clinical documentation does indicate that the injured worker's main pain generator is the thoracic spine. Therefore, the use of this medication would not be supported. As such, the retrospective request for 1 prescription for Flurbiprofen #20 between 06/21/2013 and 06/21/2013 is not medically necessary or appropriate.