MAXIMUS Federal Services

Case Number:	CM13-0018968		
Date Assigned:	06/06/2014	Date of Injury:	06/11/2002
Decision Date:	08/04/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/03/2013

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 & Rehabilitation and is licensed to practice in California. 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 70-year-old male who reported an injury on June 11, 2002. The mechanism of injury was not stated. Current diagnoses include cervical spine sprain and thoracic spine sprain. The injured worker was evaluated on August 30, 2013 with complaints of persistent neck and left shoulder pain as well as difficulty sleeping and left hand numbness. Physical examination revealed tenderness and spasm over the trapezius muscle, 30 degrees cervical flexion, 20 degrees cervical extension, tenderness and spasm over the left shoulder, 100 degree left shoulder flexion, 100 degree left shoulder abduction, and decreased sensation in the left thumb. Treatment recommendations included prescriptions for Ambien 5mg, Anaprox 550mg, a compounded cream, and an electrical stimulation device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma (carisoprodol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) and Weaning of Medications Page(s): 63-66 and 124.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations. Soma should not be used for longer than 2 to 3 weeks. There was no strength, frequency, or quantity listed in the current request. Therefore, the request is not medically necessary.

Ambien 5mg (#60): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain chapter, Insomnia Treatment.

Decision rationale: The Official Disability Guidelines state that insomnia treatment is recommended based on etiology. Ambien is indicated for the short-term treatment of insomnia with difficulty of sleep onset for 7 to 10 days. There is no frequency listed in the current request. Therefore, the request is not medically necessary.

Anaprox 550mg (#60): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. Guidelines do not recommend long-term use of NSAIDs. There was no frequency listed in the current request. Therefore, the request is not medically necessary.

Compound Medication: Flurbiprofen (25%) and Lidocaine (5%): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The only FDA approved topical NSAID is diclofenac. There is no evidence of a failure to respond to

first line treatment prior to the initiation of a topical analgesic. There is also no frequency or quantity listed in the current request. Therefore, the request is not medically necessary.

One (1) Urine Toxicology: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic), Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing and Opioids Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

Decision rationale: The California MTUS Guidelines state drug testing is recommended as an option using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. There is no evidence of noncompliance or misuse of medication. There is also no indication that this injured worker falls under a high-risk category that would require frequent monitoring. Therefore, the request is not medically necessary.

One (1) Electrical Stimulation Device: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: The California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a one-month home based trial may be considered as a noninvasive conservative option. There should be documentation of a failure to respond to other appropriate pain modalities. There is no evidence of a successful one-month trial prior to the request for a unit purchase. There was also no mention of an exhaustion of conservative treatment. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.

Compound Medication: Flurbiprofen (25%): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The

only FDA approved topical NSAID is diclofenac. There is also no frequency or quantity listed in the current request. As such, the request is not medically necessary.

Compound Medication: Cyclobenzaprine (10%) and Tramadol (10%): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Cyclobenzaprine is not recommended, as there is no evidence for the use of a muscle relaxant as a topical product. There is also no frequency or quantity listed in the current request. Therefore, the request is not medically necessary.