

Case Number:	CM13-0024748		
Date Assigned:	09/26/2014	Date of Injury:	10/20/2005
Decision Date:	10/27/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/16/2013

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 & Pain Medicine, and is licensed to practice in California and Washington. 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 male who reported a work related injury on 10/20/2005. Within the documentation provided for review, no clinical note was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria For Use. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

Decision rationale: The request for Norco 10/325mg #120 is not medically necessary. Without clinical documentation the medical necessity for Norco cannot be determined. As such, the request for Norco is not medically necessary.

B12 injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (Ang-Cochrane, 2008).

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

Decision rationale: The request for a vitamin B12 injection is not medically necessary. According the Official Disability Guidelines, Vitamin B is not recommended for the treatment of chronic pain. Vitamin B is frequently used for treating peripheral neuropathy but its efficacy is not clear. As such, the request for a vitamin B12 injection is not medically necessary.

Fluriflex Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

Decision rationale: The request for Fluriflex ointment is not medically necessary. Fluriflex is a topical analgesic that contains Cyclobenzaprine and Fluriflex. The California MTUS states, that is any component of a compound formulation is not recommended the compound is not recommended. Cyclobenzaprine is recommended to not be used in conjunction with other agents, making the entire compound not medically necessary. As such, the request for Fluriflex is not medically necessary.