MAXIMUS Federal Services

Case Number:	CM13-0025960		
Date Assigned:	11/22/2013	Date of Injury:	09/13/2012
Decision Date:	01/31/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 13, 2012.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounds; electrodiagnostic testing of September 15, 2012, notable for an L5-S1 radiculopathy; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work.In a Utilization Review Report of September 4, 2013, the claims administrator denied a request for topical compounded cream, denied a request for omeprazole, and denied a request for Flexeril. The applicant's attorney later appealed.An earlier note of February 22, 2013 is notable for comments that the applicant is off of work, on total temporary disability. This is echoed by later notes, including those of March 6, 2013, April 12, 2013, and April 25, 2013.A September 12, 2013 medicolegal report is again notable for comments that the applicant is off of work. A September 6, 2013 progress note suggests that the applicant reports 8-9/10 neck and lower back pain. Unspecified medications; manipulation, and acupuncture are continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 compound cream (Capsaicin 0.025%, Flurbiprofen 20%, Tramadol 10%, Menthol 2%, Camphor 2%, B. Fluriprofen 20%, Tramadol 20%) between 8/28/13 and 10/12/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to first line oral pharmaceuticals so as to justify usage of topical compounds which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "largely experimental." It is further noted that the applicant does not appear to have effected any lasting benefit or functional improvement through prior usage of either topical or oral agents. The applicant's failure to return to any form of work and continued dependence on various forms of treatment, including acupuncture, manipulation, etc., taken together, imply a lack of functional improvement as defined in section 9792.20f.

Omeprazole 20mg #60 between 8/28/13 and 10/12/13: 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 Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as omeprazole or Prilosec in the treatment of NSAID-induced dyspepsia, in this case, however, there is no clear evidence of dyspepsia, either NSAID induced or stand-alone. Therefore, the request is not certified.

Flexeril 7.5mg #60 between 8/28/13 and 10/12/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. Cyclobenzaprine or Flexeril is not recommended for chronic or long-term use purposes, it is further noted. In this case, as with the other numerous oral and topical agents, the applicant's failure to return to any form of work and continued dependence on manipulation and acupuncture imply a lack of functional improvement as defined in MTUS 9792.20f. For all of these reasons, then, the request is not certified, on Independent Medical Review.