MAXIMUS Federal Services

Case Number:	CM13-0028111		
Date Assigned:	11/22/2013	Date of Injury:	10/26/1995
Decision Date:	08/01/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 Anesthesiology, has a subspecialty in Pain 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 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 65 year old female injured on 10/26/95 due to an undisclosed mechanism of injury. Her current diagnoses included left knee internal derangement resulting in arthroscopy with synovectomy and chondroplasty on 08/14/13 with disc herniations from C4 to C7 with spinal stenosis, bilateral upper extremity cervical radiculopathy, and obesity. The injured worker underwent cervical spine epidural steroid injections at C6-7 bilaterally with cervical spine epidurogram and neurogram on 10/22/13. The clinical note indicated the injured worker presented with complaints of constant neck pain rated 4-5/10 radiating into the bilateral lower extremities in addition to complaints of constant low back pain rated 4-5/10 with spasms. The injured worker utilized Ibuprofen 800mg for pain management. The injured worker also complained of left jaw pain with clenching and opening of her mouth. Objective findings included tenderness to palpation over the left temporomandibular joint, decreased cervical range of motion, positive Spurling test bilaterally, muscle strength 5/5 to bilateral upper extremities and lower extremities, decreased lumbar spine range of motion, Kemp test positive bilaterally, and straight leg raise positive to the left. The initial request for Medrox patches, Flurbiprofen 20% gel, Norco 10-325mg, and Ibuprofen 800mg was non-certified on 09/10/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN PRESCRIPTION OF MEDROX PATCHES: 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 safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. However, the request lacked the dosage, frequency, amount, and number of refills. As such, the request is not medically necessary.

UNKNOWN PRESCRIPTION OF FLURBIPROFEN 20% GEL: 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 safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. However, the request lacked the dosage, frequency, amount, and number of refills. As such, the request is not medically necessary.

UNKNOWN PRESCRIPTION OF NORCO 10/325MG: 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 Criteria for Use of Opioids Page(s): 77.

Decision rationale: Patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. However, the request lacked the dosage, frequency, amount, and number of refills. As such, the request is not medically necessary.

UNKNOWN PRESCRIPTION OF IBUPROFEN 800MG: 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 NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. However, the request lacked the dosage, frequency, amount, and number of refills. As such, the request is not medically necessary.