MAXIMUS Federal Services

Case Number:	CM13-0032939		
Date Assigned:	12/06/2013	Date of Injury:	07/19/2010
Decision Date:	02/28/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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.

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 patient is a 70-year-old female who reported an injury on 07/19/2010. The patient is currently diagnosed with head pain, cervical musculoligamentous strain and sprain, thoracic musculoligamentous strain and sprain, lumbosacral musculoligamentous strain and sprain, history of chest wall contusion, bilateral shoulder tendinosis, right shoulder rotator cuff tear, history of left wrist internal derangement, bilateral knee strain and sprain, history of bilateral knee patellofemoral osteoarthritis, history of right knee meniscal tear, status post left knee surgery in 2004, depression with anxiety, and sleep disturbance secondary to pain. The patient was seen by [redacted] on 08/16/2013. Physical examination revealed tenderness to palpation of the cervical spine, restricted range of motion, tenderness to palpation of bilateral upper extremities, positive Tinel's and Phalen's testing bilaterally, decreased shoulder range of motion, decreased lumbar range of motion, positive straight leg raising, tenderness with spasm bilaterally, positive McMurray's testing, and decreased sensation and reflexes in the upper extremities. Treatment recommendations included a course of physical therapy modalities, a course of ESWT to bilateral shoulders, Fluriflex cream, TG hot cream, tramadol, bilateral knee sleeves, and interferential unit, a cold unit, and a psychological and insomnia consultation with biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Fluriflex 180 gm (TGHot 180 gm): 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): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the documentation submitted, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Therefore, the patient does not meet criteria for the use of a topical analgesic

Tramadol 50 mg #60: 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 Opioids Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, there is no evidence of a failure to respond to non-opioid analgesics prior to the initiation of tramadol. Based on the clinical information received, the request is non-certified.

An insomnia specialist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there is no evidence of difficulty of sleep onset, chronic insomnia, nor documentation of duration and frequency of sleep difficulties. There is also no evidence of a failure to respond to non-pharmacologic