

Case Number:	CM13-0034451		
Date Assigned:	12/06/2013	Date of Injury:	04/25/2000
Decision Date:	02/10/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/15/2013

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 Family Medicine and is licensed to practice in 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. 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 patient is a 71-year-old male who reported an injury on 04/25/2000. The patient is currently diagnosed with left lumbar radiculopathy, herniated nucleus pulposus at L4-5 and L5-S1, bilateral lumbar facet syndrome, left cervical radiculopathy, and left shoulder pain. The patient was seen by [REDACTED] on 11/19/2013. Physical examination revealed tenderness from L3 through L5 bilaterally, bilateral lumbar facet tenderness at L4-5 and L5-S1, limited range of motion, sciatic notch tenderness bilaterally, positive straight leg raise on the left, tenderness in the cervical spine from C5 through C6, limited cervical range of motion, weakness in the left upper extremity in the C5-6 myotomes, and 1+ deep tendon reflexes on the left. Treatment recommendations included a left-sided lumbar epidural steroid injection, home exercise program, and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Theraflex cream (Flurbiprofen/Cyclobenzaprine/Menthol 20%/10%/4%) 180g: Upheld

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

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

Decision rationale: 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended as a whole. Muscle relaxants are not recommended as there is no evidence for the use of any muscle relaxant as a topical product. As per the clinical notes submitted, there is no evidence of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. As guidelines do not recommend muscle relaxants as a topical product, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Medrol Dosepak: Upheld

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

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, Oral corticosteroids.

Decision rationale: Official Disability Guidelines state oral corticosteroids are not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. Medical necessity for the requested medication has not been established. As guidelines do not recommend the use of oral corticosteroids, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.