MAXIMUS Federal Services

Case Number:	CM13-0035348		
Date Assigned:	12/13/2013	Date of Injury:	05/28/2013
Decision Date:	03/12/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/17/2013

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 Expert Reviewer is Licensed in Chiropractic 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the available medical records, this is a 55 year old male patient with neck, shoulder and low back pain, date of injury 05/23/2013. Previous treatments include medication, physiotherapy and chiropractic. Progress report dated 9/04/2013 by [redacted] revealed constant neck pain 10/10 radiates down both arms, constant low back pain 8/10, constant pain in both upper arms 7/10 and pain in both elbows and pain in both forearms and pain like pins and needles in both arms , forearms and numbness in both arms and forearms, intermittent 5/10 pain in both hip joints and pain down both legs and numbness down both legs and pins and needles in both legs and pain in both knees and cramps in both legs, frequent 9/10 pain in both shoulder joints and pain across both shoulders and limitations of movement in both shoulders and tension in both shoulders; exam revealed positive cervical compression, decreased cervical ROM and lumbar ROM and both shoulders ROM; diagnoses include neck pain, disc degeneration, rupture/herniation of cervical disc, cervical sp/st, lumbar disc degeneration, rupture/herniation of lumbar disc, low back pain and bilateral shoulder tendonitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cream; 10 percent Cyclobenzaprine/Gabapentin 2-3/day: 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: CA MTUS guidelines do not recommended the use of Gabapentin, which is one drug in this compound and therefore, it is not medically necessary.

Cream; 20 percent Flurbiprofen 2-3x/day: 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 Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112.

Decision rationale: Current medical records suggested this patient suffering from neuropathic pain. CA MTUS guidelines do not recommend the use of NSAIDs in this case and therefore, Flurbiprofen cream is not medically necessary.

Cream; 20 percent Tramadol 2-3x/day: 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 for neuropathic pain Page(s): 82-83.

Decision rationale: CA MTUS guidelines do not recommend the use of Tramadol cream for this patient as a first-line therapy and therefore, it is not medically necessary.