MAXIMUS Federal Services

Case Number:	CM13-0036899		
Date Assigned:	12/13/2013	Date of Injury:	06/01/2011
Decision Date:	02/13/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/21/2013

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 Practice, 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 61-year-old female who reported a work-related injury on 6/1/11 after a fall. Subsequently, the patient presented for treatment of lumbar spine pain complaints. The patient presents upon physical exam with lumbar spine tenderness, limited range of motion, negative bilateral straight leg raising. The patient has exhausted lower levels of conservative treatment for her lumbar spine pain complaints to include physical therapy, activity modifications, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 grams of TramDex (Amitriptyline 4%, Dextromethorphan 10%, Tramadol 20%): Upheld

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

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

Decision rationale: The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with the current medication regimen, including topical analgesics. The California MTUS indicates that topical analgesics are largely experimental in use with few

randomized and controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Given the lack of documentation of the patient's reports of efficacy with the current medication regimen as well as guideline support for compounded topical analgesics, the request is non-certified.

120 grams of Diflur (Flurbiprofen 25%, Diclofenac 10%): Upheld

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

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

Decision rationale: The clinical documentation submitted for review fails to evidence the patient's reports of efficacy with the current medication regimen to include topical analgesics. The California MTUS indicates that topical analgesics are largely experimental in use with few randomized and controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Given the lack of documentation of the patient's reports of efficacy with the current medication regimen as well as guideline support for compounded topical analgesics, the request is non-certified.