

Case Number:	CM13-0041275		
Date Assigned:	12/20/2013	Date of Injury:	07/26/2006
Decision Date:	05/05/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/12/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic neck pain, chronic shoulder pain, and depression reportedly associated with an industrial injury of July 26, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; muscle relaxants; transfer of care to and from various providers in various specialties; psychotropic medications; yoga; unspecified amounts of cognitive behavioral therapy; and attorney representation. In a Utilization Review Report of October 4, 2013, the claims administrator denied request for cyclobenzaprine, oral ketoprofen, and an unspecified topical compound. The applicant's attorney subsequently appealed. A psychology note of November 18, 2013 is notable for comments that the applicant has issues due to depression, stress, chronic pain, and social isolation. It is stated that additional individualized psychotherapy will help ameliorate each and all of the same. An October 29, 2013 progress note is notable for comments that the applicant has ongoing issues with GERD which are better controlled through ongoing Nexium usage. Authorization is sought for ketoprofen, cyclobenzaprine, and a topical compounded cream. It is stated that the medications allow her to be functional and perform stretching in yoga. The applicant states that earlier trigger point injections have been unsuccessful. The applicant's medication list includes oral ketoprofen, topical compound, cyclobenzaprine, prednisone, aspirin, and famotidine. It is not clear how recently the applicant's medication list was updated. It is stated that the applicant is permanent and stationary and does not appear to be working. An earlier note of September 27, 2013 is notable for comments that the applicant is using Motrin and Voltaren gel in certain sections of the report. The applicant is described as using aspirin, prednisone, and oral ketoprofen in other sections of the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF CYCLOBENZAPRINE 7.5MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that an addition of cyclobenzaprine to other agents is "not recommended." In this case, the applicant is using numerous other analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not certified.

PRESCRIPTION OF KETOPROFEN 75MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS), Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS) Page(s): 69.

Decision rationale: In this case, the applicant is describing ongoing issues with reflux and dyspepsia noted on multiple office visits. The Chronic Pain Medical Treatment Guidelines indicate that an appropriate treatment option in those applicants who have issues with NSAID-induced dyspepsia is cessation of the offending non-steroidal anti-inflammatory drug (NSAID). In this case, the applicant is using several agents, which are known to cause dyspepsia, including oral aspirin, oral ketoprofen, oral Motrin, and oral prednisone. The attending provider has not clearly stated why the applicant needs to use three different NSAIDs, ketoprofen, Motrin, and aspirin. Therefore, the request is not certified, on Independent Medical Review.

PRESCRIPTION FOR COMPOUND CREAM #3 APPLY BID #30DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, PAIN CHAPTER, TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: The MTUS/ACOEM Guidelines indicate that oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or

topical compounds. The Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are "largely experimental." It is further noted that the attending provider has not clearly stated the ingredients in the compound in question. Therefore, the request is not certified, for all of the stated reasons.