

Case Number:	CM13-0046412		
Date Assigned:	02/10/2014	Date of Injury:	03/01/2000
Decision Date:	04/23/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/13/2013

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 Physical Medicine & Rehabilitation 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:

This 55 year-old female sustained an injury on 3/1/00 while employed by [REDACTED]. Request under consideration include FLURB/ MENTH/ CAMPH/ LIDO FOR MYALGIA AND MYOSITIS. Diagnoses has included myalgia, myositis, and TMJ disorders with history of depression. Above retrospective compound medication was dispensed on 7/2/13 for complaints of total body pain and headaches. Exam noted tender lumbar region, trigger points (unspecified location) and normal neurologically. Medications list Cymbalta, Tramadol, Trepadone, and compound medication. The above compound medication was non-certified on 11/1/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURB/MENTH/CAMP/PH/LIDO FOR MYALGIA AND MYOSITIS: Upheld

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

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

Decision rationale: This 55 year-old female sustained an injury on 3/1/00 while employed by [REDACTED]. Request under consideration include FLURB/ MENTH/ CAMPH/ LIDO FOR

MYALGIA AND MYOSITIS. Diagnoses has included myalgia, myositis, and TMJ disorders with history of depression. Above retrospective compound medication was dispensed on 7/2/13 for complaints of total body pain and headaches. Exam noted tender lumbar region, trigger points (unspecified location) and normal neurologically. Medications list Cymbalta, Tramadol, Trepadone, and compound medication. Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for compound analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize analgesic compound over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral single dose medications for this patient. Submitted reports have not adequately demonstrated the indication or medical need for this compound analgesic. The FLURB/MENTH/CAMPH/LIDO FOR MYALGIA AND MYOSITIS is not medically necessary and appropriate.â¿¿