

Case Number:	CM13-0047260		
Date Assigned:	12/27/2013	Date of Injury:	08/27/2003
Decision Date:	05/02/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/05/2013

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, has a subspecialty in Interventional Spine, 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 patient is a 54 year-old male with a date of injury of 08/27/2003. The listed diagnoses per [REDACTED] are: 1) Lumbar degenerative disc disease and degenerative joint disease, L4-5 and L5-S1 2) Psychiatric depression and insomnia 3) Left shoulder sprain/strain According to report dated 09/18/2013 by [REDACTED], the patient presents with right shoulder pain at 4/10 and low back pain at 7/10. He is currently taking Norco 10/325mg, Prilosec 20mg, Flexeril 7.5mg, Naprosyn 550mg and a topical cream. Examination revealed post straight leg raise testing both sitting and lying down. Patient is noted to walk with a cane in his right hand and has a slight limp. There is no further examination findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5 MG, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

Decision rationale: This patient presents with right shoulder and low back pain. The treater is requesting Flexeril. The MTUS Guidelines page 63, regarding muscle relaxants, states "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use of some medication in this class may lead to dependence." In this case, medical records indicate that patient has been prescribed Flexeril since 06/05/2013. Muscle relaxants are recommended for short-term use only. Recommendation is for denial.

TOPICAL CREAM KETO/GABA/TRAMADOL: Upheld

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

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

Decision rationale: This patient presents with right shoulder and low back pain. Treater is requesting a topical compound cream that includes Gabapentin, Ketaprofen and Tramadol. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety. MTUS further states, "Any compounded product that contains at least 1 drug or drug class that is no recommended is not recommended." The MTUS Guidelines page 111 supports the use of topical NSAIDs for peripheral joint arthritis or tendonitis; however, non-FDA approved agents like Ketaprofen is not recommended for any topical use. MTUS further states this agent is not currently FDA approved for a topical application. "It has an extremely high incidence of photo contact dermatitis." Furthermore, Tramadol is not tested for transdermal use with any efficacy. Recommendation is for denial.