MAXIMUS Federal Services

Case Number:	CM13-0047355		
Date Assigned:	12/27/2013	Date of Injury:	10/14/2005
Decision Date:	08/07/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/01/2013

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 and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 60 year-old individual who was reportedly injured on October 14, 2005. The mechanism of injury is noted as being struck by several boxes. The most recent progress note, dated January 3, 2014, indicates that there are ongoing complaints of low back pain. No specific physical examination findings are noted or any other objective data. Previous treatment includes lumbar fusion surgery. A request had been made for multiple medications and was not certified in the pre-authorization process on October 10, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETOP/LIDOC/CAP/TRAM 30 DAY SPRAY #240: 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): 111-113 of 127.

Decision rationale: According to the MTUS Chronic Pain Guidelines, topical analgesics are largely experimental and any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS Guidelines note there is little evidence to support the use of topical non-steroidal anti-inflammatory drugs for treatment of the

above noted diagnosis. Additionally, the MTUS Guidelines state there is no evidence to support the use of topical Cyclobenzaprine (muscle relaxant) and advise against the addition of Cyclobenzaprine to other agents. Therefore, this request is not considered medically necessary and appropriate.

CYCLO/CAPS/LID/KETO 30 DAY SPRAY #240: 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): 111-113 of 127.

Decision rationale: The MTUS Chronic Pain Guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS Guidelines note there is little evidence to support the use of topical non-steroidal anti-inflammatory drugs for treatment of the above noted diagnosis. Additionally, the MTUS Guidelines state there is no evidence to support the use of topical Cyclobenzaprine (muscle relaxant) and, advise against the addition of Cyclobenzaprine to other agents. Therefore, this request is not considered medically necessary.