

Case Number:	CM13-0048268		
Date Assigned:	12/27/2013	Date of Injury:	11/14/2011
Decision Date:	03/26/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine and Rehabilitation, Pain Management, 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 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 63 year-old female with a 11/14/11 industrial injury claim. According to the 10/11/13 report from [REDACTED], she presents with 7/10 bilateral hand and neck pain. She has been diagnosed with sprain/strain of the neck. [REDACTED] recommended Capsaicin 0.075% cream and cyclobenzaprine, but the Utilization Review (UR) denied these on 10/24/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Capsaicin .075% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The MTUS guidelines states Capsaicin topical 0.025% is for OA and 0.075% is for post-herpetic neuralgia, or diabetic neuropathy. The patient does not have conditions listed in MTUS for use of the 0.075% strength capsaicin. The request is not in accordance with MTUS guidelines and is not medically necessary.

Retrospective 60 Flexeril 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient presents with neck and bilateral hand pain. The records show she has been using Flexeril on 9/13/13, and it was again prescribed on 10/11/13. MTUS specifically states Flexeril is not recommended for use longer than 3-weeks. The continued use of Flexeril for over 4-weeks will exceed MTUS guidelines.