

Case Number:	CM13-0052963		
Date Assigned:	12/30/2013	Date of Injury:	10/08/1992
Decision Date:	03/11/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/18/2013

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 internal medicine, has a subspecialty in rheumatology and is licensed to practice in Maryland. 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:

This patient is a 62 year old female with date of injury 10/8/92. The mechanism of injury is described as the patient waking up one day with excruciating neck pain. The patient has complained of neck pain since this time and in more recent years has complained of bilateral hip pain. She has been treated with cervical spine surgery (fusion) in 04/1999, medications, acupuncture, injections, biofeedback and physical therapy. Objective: diffuse cervical spine paraspinous muscle tenderness bilaterally, greater trochanteric bursa tenderness to palpation bilaterally. Diagnoses: post laminectomy syndrome of the cervical spine, myofascial pain, and bilateral hip pain. Treatment plan and request: Flector patch 1.3%, Baclofen 10 mg, Turmeric supplement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flector patch 1.3%: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: This patient is a 62 year old female with chronic cervical spine pain for more than 20 years since date of injury on 10/8/92. She has been treated with cervical spine surgery (fusion) in 04/1999, acupuncture, injections and medications to include a Flector patch 1.3% for at least several months. There is no documentation in the available medical records that the patient is experiencing an acute flare of cervical spine pain at the time of request of the Flector (Diclofenac) patch. Furthermore, per the MTUS guidelines cited above, NSAIDS are not recommended in the treatment of chronic back pain and are indicated only as an option for the short term (2-4 weeks) symptomatic relief of back pain only. Per the MTUS guidelines, treatment of this patient's chronic cervical spine pain with a Flector patch is not indicated as medically necessary.

Baclofen 10mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient is a 62 year old female with chronic cervical spine pain for more than 20 years since date of injury on 10/8/92. She has been treated with cervical spine surgery (fusion) in 04/1999, acupuncture, injections and medications to include a baclofen for at least several months duration. Per the MTUS guidelines cited above, baclofen a muscle relaxant, is not recommended in the treatment of chronic pain. Baclofen may be used as a second line option for the short term (2-4 weeks) treatment of an acute exacerbation of chronic back pain. There is no documentation provided in the available medical records that this patient is suffering from an acute exacerbation of back pain. Furthermore, baclofen has been used chronically in this patient. Per the MTUS guidelines cited above, baclofen is not indicated as medically necessary.

Turmeric supplement: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient is a 62 year old female with chronic cervical spine pain for more than 20 years since date of injury on 10/8/92. She has been treated with cervical spine surgery (fusion) in 04/1999, acupuncture, injections and medications. Per the MTUS guidelines cited above, Turmeric (Curcumin) an herbal supplement, is not indicated in the treatment of chronic pain. Per the MTUS guidelines, Turmeric is not indicated as medically necessary.