

Case Number:	CM13-0057646		
Date Assigned:	12/30/2013	Date of Injury:	10/03/2013
Decision Date:	03/27/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/25/2013

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 10/3/13. A utilization review determination dated 11/12/13 recommends non-certification of Norflex, Terocin patch, and cervical traction unit. 12/12/13 progress report identifies a request to appeal for cervical traction unit. The patient has significant redness to the face and dermatology evaluation was requested. Medications were refilled. 11/6/13 initial orthopedic report identifies injuries on 10/3/13, 10/8/13, as well as continuous trauma 10/2/13 to the present. The patient complains of pain in the left shoulder, right arm/wrist, and upper back, anxiety and stress, and burning pain and burns to the face caused by the chemicals he was exposed to at work. On exam, there is tenderness and spasm about the cervical spine with some left deltoid weakness. C6 is noted to be decreased with pain on the left. Impingement and Hawkins' signs were positive on the left shoulder. There was tenderness over the left distal radius and left carpus with positive Phalen and reverse Phalen bilaterally. Lumbar tenderness and spasm was present with minimal ROM limitation. Treatment plan included medications, physiotherapy, MRI of the left shoulder and lumbar spine, EDS of the upper extremities, and internal medicine and dermatology consultations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),TWC,Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26, (Effective July 18, 2009) Page(s): 63-66.

Decision rationale: Regarding the request for Norflex 100mg #100, CA MTUS Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute pain and acute exacerbations of chronic pain. Within the documentation available for review, there is documentation of acute pain, but no documentation of failure of 1st line agents prior to consideration for using this sedating medication. In the absence of such documentation, the currently requested Norflex 100mg #100 is not medically necessary.

Terocin patch #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),TWC,Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. Â§Â§9792.20 - 9792.26, (Effective July 18, 2009) Page(s): 112.

Decision rationale: Regarding request for Terocin patch, CA MTUS states that topical lidocaine is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Within the documentation available for review, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy prior to the initiation of topical lidocaine. In the absence of such documentation, the currently requested Terocin patch is not medically necessary.

Cervical traction unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Neck and Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: Regarding the request for cervical traction unit, CA MTUS states that there is no high-grade scientific evidence to support the use of traction. They go on to state that traction is not recommended. In light of the above issues, the currently requested cervical traction unit is not medically necessary.