MAXIMUS Federal Services

Case Number:	CM13-0064782		
Date Assigned:	01/03/2014	Date of Injury:	12/15/2011
Decision Date:	06/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/12/2013

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 Occupational Medicine 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 applicant is an [redacted] employee who has filed a claim for chronic neck, shoulder, and hip pain reportedly associated with an industrial injury of December 15, 2011. Thus far, the applicant has been treated with the following: Analgesic medications topical compounds; unspecified amounts of physical therapy; extensive periods of time off of work; and epidural steroid injection therapy. In a Utilization Review Report dated November 27, 2013, the claims administrator approved a request for Norco, retrospectively denied a request for Fexmid (cyclobenzaprine), retrospectively approved a request for Neurontin, and retrospectively denied a request for Dendracin. An earlier note of March 29, 2013 indicated that the applicant was pursuing a psychotherapy consultation, as stated. The applicant was placed off of work, on total temporary disability. Zofran, Dendracin, and Prilosec were seemingly endorsed at that point. On June 20, 2013, the applicant was again described as not working and has not worked since January 2012. Norco, Prilosec, Neurontin, and Zofran were endorsed at that point. On July 9, 2013, the applicant was again described as not working. Notes were difficult to follow. Manipulative therapy was apparently sought at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR FEXMID 7.5 MG DOS 11/1/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 64

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is in fact using numerous other analgesic and topical agents, including Norco, Neurontin, and Dendracin, among others. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

RETROSPECTIVE REQUEST FOR DENDRACIN TOPICAL LOTION 120 ML, DOS 11/1/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 111

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics topic. MTUS 9792.20f. Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Dendracin, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "not recommended." In this case, the applicant's usage of Norco, Neurontin, and Flexeril effectively eliminates the need for the largely experimental topical compound in question. It is further noted that the applicant has seemingly failed to effect any lasting benefit or functional improvement despite usage of Dendracin compound. The applicant remains off of work. The applicant's work status and work restrictions had seemingly failed to change from visit to visit. The applicant remains highly reliant on opioid therapy with Norco. Therefore, there has, in short, been a clear lack of functional improvement as defined in the MTUS Guidelines, despite ongoing usage of Dendracin lotion. Therefore, the request is not medically necessary.