

Case Number:	CM13-0071502		
Date Assigned:	01/08/2014	Date of Injury:	03/28/2012
Decision Date:	05/30/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/30/2013

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 31 year old female who reported an injury on 03/28/2012 secondary to lifting a bag. She was evaluated on 05/01/2013 and reported 6/10 back pain radiating to the left leg and first and second digit of the left toes. An EMG of the back and lower extremities on an unknown date revealed findings consistent with left L5 radiculopathy, and an NCS on an unknown date revealed findings that could be consistent with left L1 radiculopathy. She was treated previously with acupuncture and chiropractic treatment for an unknown duration. The injured worker was also treated with an epidural steroid injection on an unknown date. She underwent a posterior lumbar interbody fusion at L5-S1 on 09/04/2013. The injured worker was evaluated on 10/10/2013 and was diagnosed with cervical and lumbar radiculopathy status post fusion surgery. A retrospective request was submitted for medications, genicin, flurbiprofen/lidocaine/amitriptyline, gabapentin/cyclobenzaprine/tramadol (duration of frequency unknown) for dates of service 08/01/2013 to 08/01/2013. The documentation submitted for review failed to provide a request for authorization form.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR MEDICATIONS, GENICIN, FLURBIPROFEN/ LIDOCAINE/ AMITRIPTYLINE, GABAPENTIN/ CYCLOBENZAPRINE/ TRAMADOL (DURATION OF FREQUENCY UNKNOWN) FOR DATES OF SERVICE 08/01/2013 TO 08/01/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, and Glucosamine Page(s): 111-112, 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate), Muscle relaxants (for pain), NSAIDs, specific drug list & adverse effects, page 70, Topical Analgesics, page 111.

Decision rationale: The retrospective request for medications, genicin, flurbiprofen/ lidocaine/ amitriptyline, gabapentin/cyclobenzaprine/tramadol (duration of frequency unknown) for dates of service 08/01/2013 to 08/01/2013 is non-certified. There is no documentation of evaluation or treatment by any physician or health professional between the dates of 05/01/2013 and 09/04/2013 according to the information submitted for review. Therefore, it is unclear what requested services were provided to the injured worker on 08/01/2013. Additionally, California MTUS recommends Genicin (glucosamine) for osteoarthritis. There is no documentation that the injured worker has been treated for osteoarthritis, but instead of radiculopathy. California MTUS guidelines recommend that the lowest effective dose be used for all NSAIDs such as Flurbiprofen for the shortest duration of time consistent with the individual patient treatment goals. Lidoderm patches are the only form of topical lidocaine supported by the guidelines. Muscle relaxants such as cyclobenzaprine are not recommended to be used for longer than 2-3 weeks. The request as written does not specify any dosage or frequency of medications listed, nor does the documentation indicate the duration of medication use. Therefore, it cannot be determined from the information provided that the use of the requested medications is supported by evidence-based guidelines. Guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As such, the retrospective request for medications, genicin, flurbiprofen/ lidocaine/ amitriptyline, gabapentin/cyclobenzaprine/tramadol (duration of frequency unknown) for dates of service 08/01/2013 to 08/01/2013 is not medically necessary.