MAXIMUS Federal Services

Case Number:	CM14-0001609		
Date Assigned:	01/22/2014	Date of Injury:	07/06/1990
Decision Date:	03/25/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/06/2014

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 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 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 applicant is a represented [redacted] who has filed a claim for chronic wrist, finger, and knee pain reportedly associated with an industrial injury of July 6, 1990. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compounds; and antidepressants. In a utilization review report of December 26, 2013, the claims administrator denied a request for Cyclobenzaprine, denied a request for a Flurbiprofen containing topical compound, and denied lumbar radiofrequency medial branch blocks. Despite the fact that the MTUS suggested the topic of the radiofrequency medial branch block procedures, the claims administrator cited non-MTUS ODG Guidelines. In a clinical progress note of June 28, 2013, the attending provider noted that the applicant had reportedly had an excellent response to previous radiofrequency medial branch block procedures. The applicant reported 3/10 pain. Pain was exhibited with flexion and extension. The applicant had a slightly kyphotic gait. The applicant was neurologically intact. Radiofrequency medial branch blocks were again sought. Another note of August 20, 2013 is notable for comments that the applicant had significant relief following a prior lumbar medial branch block. It is stated that the applicant would benefit from a repeat lumbar medial branch block. Neurontin, Desyrel. Norco and Tizanidine were refilled. The applicant did have facetogenic pain with extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Cyclobenzaprine 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 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 using numerous other analgesic and adjuvant medications, including Desyrel, Neurontin, Tizanidine, Vicodin, etc. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request remains non-certified, on independent medical review.

The request for Flurbiprofen cream 20%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics .

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

Decision rationale: As noted in the MTUS Guideline and ACOEM Chapter 3, page 47, oral pharmaceuticals are the first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to make a case for usage of topical agents and/or topical compounds, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "not recommended." In this case, the applicant is reportedly using several analgesic and adjuvant medications, including Desyrel, Norco, Neurontin, Zanaflex, etc., with good effect, effectively obviating the need for the Flurbiprofen containing compound. Therefore, the request remains non-certified, on independent medical review.

The request for left lumbar radiofrequency medial branch block over 3 series to cover lower two (2) joints: 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) - Treatment in workers Compensation/Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS Guidelines in ACOEM Chapter 12, page 301, facet neurotomies should be performed only after appropriate investigation involving "medial branch diagnostic blocks." In this case, the applicant has already had reportedly successful diagnostic medial branch blocks. It is unclear why repeat diagnostic blocks are being sought here. The applicant has already had a favorable response to the same. Rather, as suggested by ACOEM,

the applicant should move on to facet neurotomies and/or facet rhizotomies if the medial branch blocks are in fact as successful as the attending provider has suggested. Accordingly, the request for repeat medial branch blocks remains non certified, on independent medical review.