

Case Number:	CM14-0003251		
Date Assigned:	01/31/2014	Date of Injury:	12/06/2010
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/09/2014

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 & Rehabilitation 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 49-year-old male who reported an injury on 12/06/2010. The injured worker reportedly struck his right lower extremity against a steel frame. Current diagnoses include lumbar strain, cervical sprain, and right knee internal derangement. The injured worker was evaluated on 11/22/2013. The injured worker reported persistent cervical spine and lumbar spine pain. Physical examination revealed tenderness to palpation, spasm, and decreased range of motion. Treatment recommendations included continuation of Fioricet 50 mg, Prilosec 20 mg, Flexeril 5 mg, naproxen 550 mg, and a topical cream. A Functional Capacity Evaluation was also recommended at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIORICET 50 MG (#120): 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, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: California MTUS Guidelines state barbiturate-containing analgesic agents are not recommended for chronic pain. There is a risk of medication overuse as well as rebound headache. The injured worker does not maintain a diagnosis of migraine headaches. Based on the clinical information received and the California MTUS Guidelines, the request is not medically necessary.

GABACYCLOTRAM (180GM): 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, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Gabapentin is not recommended, as there is no evidence for the use of an anti-epilepsy drug as a topical product. Muscle relaxants are also not recommended as there is no evidence for the use of a muscle relaxant as a topical product. As such, the request is not medically necessary.