MAXIMUS Federal Services

Case Number:	CM14-0004745		
Date Assigned:	06/23/2014	Date of Injury:	05/07/2012
Decision Date:	08/29/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/10/2014

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 Preventive Medicine, has a subspecialty in Occupational 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 58 year old male who was injured on 05/07/2012 when he fell from a ladder and landed on his back. The injury resulted in pain to his neck, both shoulder, upper arm, left wrist and left hip. The injured worker has been suffering from depression, sleeplessness, and sexual dysfunction. On examination, he was found to have limitations in range of motion of his neck, shoulders, back and upper limb. This is associated with tenderness and spasms in the lumbar spine. The diagnoses are Neck Sprain, Right Rotator Cuff Tear, and Brachial Neuritis/Radiculitis. Injured worker was placed on Norco 10/325, Ambien, Zolpidem and Flexeril, but the pain continues. Consequently, the doctor's request for Fluriflex 180mg x1, TGHot 180mg x1, Motrin 600mg #60, Urine Drug Screen x1 were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 180gm: Upheld

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

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

Decision rationale: The MTUS recognizes that Topical Analgesics as largely experimental. When used as a compound medication the presence of non-recommended medications makes the formulation not recommended, even if the compound contains a medication that is recommended alone. Since Fluriflex is a compound formulation containing Cyclobenzaprine (a non-recommended agent), it is not medically necessary.

TGHot 180gm: Upheld

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

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

Decision rationale: TGHot is a compound Topical Analgesic comprising of Tramadol, Gabapentin, Menthol, Camphor, and Capsaicin. The MTUS guideline says if compounded product contains any drug (or drug class) that is not recommended then the compound is not recommended. Gabapentin is not recommended neither is Tramadol. Therefore, this request is not medically necessary.

Motrin 600mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; Non-steroidal Anti-inflammatory drugs Page(s): 60, 72.

Decision rationale: Although Non-Steroidal Anti-Inflammatory Drugs are first line agents, Ibuprofen is not recommended as prescribed because the MTUS recommends the use of only one medication at a time.

Urine Drug Screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The Injured worker is on Norco; an opioid. The MTUS recommends on-going monitoring of individuals on opioids with such issues like abuse, addiction, and poor pain control by using drug screening or inpatient treatment. The above worker has a history of major depression making him a likely candidate for drug abuse, addiction, and poor pain control.