MAXIMUS Federal Services

Case Number:	CM14-0101428		
Date Assigned:	07/30/2014	Date of Injury:	12/27/2000
Decision Date:	10/02/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/01/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 65 year-old female was reportedly injured on December 27, 2000. The mechanism of injury is fall from the stairs. The most recent progress note, dated May 21, 2014 indicates that there are ongoing complaints of cervical neck and low back pain. The physical examination demonstrated a 5'1", 225 pound individual noted to be in no acute distress. The gait pattern is noted to be abnormal. There is some tenderness at the insertion of the occipital musculature. A decrease in cervical spine range of motion is reported. Deep tendon reflexes are intact bilaterally, sensation is intact, and no motor function loss is noted. A decrease in lumbar spine range motion is noted Diagnostic imaging studies were not presented for review. Previous treatment included multiple medications, physical therapy, and other conservative interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 10mg #30: 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) Pain Chapter, Zolpidem (Ambien)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: This medication is not reviewed in the MTUS or ACOEM guidelines. This is a short acting, Non-Benzodiazepine medication indicated for the short-term treatment of insomnia. It is noted that sleep hygiene is a critical part of chronic pain management. However, this medication is limited for short-term (up to 6 weeks) and that parameter does not appear to have been met. Therefore, based on the limited clinical information presented for review this is not medically necessary.

Zantac 150mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: When noting the date of injury, the injury sustained, and the specific lack of gastrointestinal complaints noted in the progress note reviewed there is no clear clinical indication for the medical necessity of this preparation. This medication is a protein pump inhibitor useful for the treatment gastroesophageal reflux disease and is considered a gastric protectant. However, the injured employee does not note any gastric complaints and are no findings on physical examination to support such pathology. Therefore, when noting the parameters outlined in the MTUS tempered by the physical examination findings there is no clear clinical indication for this medication.

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: As outlined in the MTUS, this medication is supported for the short-term use of acute flare of muscle skeletal spasm. There is no clinical indication for the indefinite or chronic uses medication. The prescribing provider does not outline why this medication is needed based on the parameters noted within the MTUS and the physical examination reported. As such, when noting the parameters outlined in the MTUS tempered by the physical examination findings there is no clear clinical indication for this medication.

Fluriflex #240gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

Decision rationale: MTUS Chronic Pain Guidelines state that Topical Analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended." The guidelines note there is little evidence to support the use of topical NSAIDs (Flurbiprofen) for treatment of osteoarthritis of the spine, hip, or shoulder and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state there is no evidence to support the use of topical Cyclobenzaprine (a Muscle Relaxant). The guidelines do not support the use of Flurbiprofen or Cyclobenzaprine in a topical formulation. Therefore, the request for FluriFlex is not medically necessary.

TGHot: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: MTUS Chronic Pain Guidelines state that Topical Analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended." The guidelines indicate Gabapentin is not recommended for topical application. Additionally, the guidelines recommend the use of Capsaicin only as an option for patients who are intolerant of other treatments and there is no indication that an increase over a 0.025% formulation would be effective. There is no documentation in the records submitted indicating the claimant was intolerant of other treatments. The request for topical TGHot is not medically necessary in accordance with the MTUS guidelines.