

Case Number:	CM14-0108986		
Date Assigned:	08/01/2014	Date of Injury:	01/08/2012
Decision Date:	10/01/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/14/2014

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 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 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 patient is a 32-year-old female who sustained an injury on 01/08/2012 when she lost grip of the side of bed rail and fell back on her hands and injured both wrist and low back while she was cleaning a patient. Prior treatment history has included chiropractic treatment, 6 epidurals, aquatic therapy, physical therapy, and acupuncture; all of which helped temporarily. Progress report dated 05/28/2014 documented the patient complained increased low back pain causing increase use of Norco 10/325. She reported the epidural steroid injection help in the past to manage her pain. She has been recommended Naprosyn 550 mg, cyclobenzaprine 2% cream and Norco 10/325; and [REDACTED] FIR for bilateral upper extremities/bilateral wrist pain. On note dated 07/09/2014, the patient is noted to bilateral hand numbness and tingling daily with weakness. Her symptoms have worsened. Her lumbar spine pain is rated as 8/10 and is constant and aching pain. She stated her medications help with her pain. She has bilateral lower extremities radiculopathy as well. Prior utilization review dated 06/09/2014 states the requests for Purchase of [REDACTED] FIR Heating System; Cyclobenzaprine 2% cream #60gm with 1 refill are denied as there is no documented intolerance or failed trial of first line drug for the requested cyclobenzaprine cream. There is no prior documented application of heat therapy or similar means.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of [REDACTED] FIR Heating System: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Infrared therapy

Decision rationale: In this case a request is made for a [REDACTED] FIR heating system. However, according to ODG guidelines infrared therapy is not recommended over other heat therapies (MTUS guidelines do not specifically address the request). History and examination findings do not support an exception to this recommendation. Medical necessity is not established.

Cyclobenzaprine 2% cream #60gm, with 1 refill: Upheld

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

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

Decision rationale: In this case topical cyclobenzaprine is recommended for a 32-year-old female injured on 1/8/12. However, according to MTUS guidelines, muscle relaxants are not recommended for topical application as there is no evidence to support their use. History and examination findings do not support an exception to guideline recommendations. Medical necessity is not established.