

Case Number:	CM14-0109329		
Date Assigned:	08/01/2014	Date of Injury:	10/01/2012
Decision Date:	09/30/2014	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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 57-year-old female who reported an injury on 10/01/2012 due to a fall. On 01/10/2014, the injured worker presented with low back pain and worsening right shoulder pain and reports of knee pain. Upon examination of the lumbar spine there was decreased range of motion and tenderness to palpation over the paraspinal muscles bilaterally. There was a positive straight leg raise to the left, normal strength and sensation. Examination of the right shoulder revealed decreased range of motion, positive Neer's impingement test and a positive Hawkins impingement test on the right side. There was decreased strength 4/5 of flexion and abduction. Upon examination of the right knee revealed decreased range of motion with flexion, positive McMurray's and decreased strength in the quadricep muscles of 4/5. The diagnoses were: acute lumbar strain; L4-5 disc bulge with mild foraminal stenosis; right rotator cuff syndrome; right knee strain with patellofemoral chondromalacia; right shoulder acromioclavicular joint arthritis with subacromial impingement; and insomnia secondary to pain. Medications include Biotherm, Prilosec, and Anaprox. The provider recommended a pain management consultation for the lumbar spine, a topical cream, and Flurbiprofen/Zantac. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management consult for the lumbar spine.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The request for a Pain management consult for the lumbar spine is not medically necessary. The California MTUS state that if the complaint persists, the provider needs to reconsider the diagnoses and decide whether a specialist is necessary. The provider's rationale for the request was not provided. There is lack of documentation on how a pain management consultation will allow the provider to evolve in a new treatment plan and course for the injured worker.

Fluriprofen 20%/cyclobenzaprine 10%/menthol 4% cream, 180 grams.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Topical Analgesics Page(s): 113.

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

Decision rationale: The request for Flurbiprofen 20%/cyclobenzaprine 10%/menthol 4% cream, 180 grams is not medically necessary. The California MTUS Guidelines states that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. The guidelines note that topical NSAIDs are recommended for osteoarthritis and tendonitis for joints amenable to topical treatment. The guidelines do not recommend muscle relaxants for topical application. There is lack of documentation of a failed trial of an antidepressant or an anticonvulsant. Additionally, the provider's request does not indicate the side for which the cream was indicated for, or the frequency in the request as submitted.

Flurbiprofen/Zantac.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Non-steroidal anti-inflammatory Drugs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-70.

Decision rationale: The request for Flurbiprofen/Zantac is not medically necessary. The California MTUS Guidelines state that all NSAIDs are associated with risk of cardiovascular events including, MI, stroke, and new onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual treatment goals. Additionally, according to the

California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications that are moderate to high risk for gastrointestinal events. There is lack of documentation that the injured worker has a diagnosis congruent with the guideline recommendation for Zantac. Additionally, a complete and adequate pain assessment was not provided. Therefore, the efficacy of the prior use of medication was not submitted. The provider's request does not indicate the dose, frequency or quantity of the medications in the request as submitted.