MAXIMUS Federal Services

Case Number:	CM14-0019427		
Date Assigned:	02/21/2014	Date of Injury:	10/05/2006
Decision Date:	08/11/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/15/2014

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 56-year-old female was reportedly injured on October 5, 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 3, 2014, indicated that there were ongoing complaints of pain, depression and difficulty sleeping. It was noted that the injured employee was taking multiple medications for several years. The previous progress note, dated January 3, 2014, noted ongoing complaints of neck, back and right knee pains. The physical examination demonstrated a 5 feet 3 inches, 220 pound individual in no acute distress. A decrease in cervical spine range of motion was noted. Muscle spasm was reported present, and the neurological examination was normal. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications, ophthalmology evaluation and other measures. A request had been made for multiple topical preparations and was not certified in the pre-authorization process on February 3, 2014

IMR ISSUES, DECISIONS AND RATIONALES

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

FLURIFLEX CREAM 180 GRAMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: The efficacy of topical non-steroidal anti-inflammatories for transdermal delivery has been inconsistent in most studies. Furthermore, when noting the multiple other oral medications taken, the relative lack of any significant improvement, and the findings noted on physical examination, there is insufficient clinical data to support any efficacy or utility for this preparation. As such, there is no objectified medical necessity established.

TGICE CREAM 180 GRAMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: As outlined in the Chronic Pain Medical Treatment Guidelines, topical compounded preparations are "largely experimental" and that any compound product that contains at least one drug (or drug class), that is not recommended, makes the overall combination product not recommended. Given that a component of this preparation includes a muscle relaxant, and there is no clinical indication for the indefinite use of a topical cyclobenzaprine, this preparation is not medically necessary.

VQ ORTHOCARE ACCESSORIES PURCHASE (PADS/BATTERIES): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

Decision rationale: This is a brace indicated for the treatment of the noted osteoarthritis. Given the ongoing complaints of pain, the lack of improvement in the symptoms noted, the lack of objective functionality, there is no clinical indication presented of the efficacy of this device. Therefore, the purchase of these batteries is not supported or medically necessary.