

Case Number:	CM14-0111397		
Date Assigned:	08/22/2014	Date of Injury:	08/17/2011
Decision Date:	10/07/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/15/2014

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 Internal 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 50-year-old female who was injured on 08/17/2011. The mechanism of injury is unknown. UDS dated 06/17/2014 revealed positive results for Hydrocodone, Hydromorphone, and Fluoxetine. Progress report dated 07/24/2014 documented the patient to have complaints of right knee pain and right leg pain. The patient also complains of GI issues. She rates her pain score as an 8/10. Without her medications, her pain score is 10/10 and with her medications, her pain score is an 8/10. No exam was documented. The patient's diagnoses include right knee pain, right knee internal derangement status post Right Knee Arthroscopy, Retro patellar Chondroplasty and Anterior Synovectomy on 05/03/2012. The patient has been recommended to continue Fluriflex, Nexium for acid reflux and Temazepam for insomnia. Prior utilization review dated 06/17/2014 states the request for Fluriflex Ointment 240 grams is not medically necessary. 60 Capsules of Nexium 40mg is not medically necessary. 30 Capsules of Temazepam 30mg is modified to medically necessary Temazepam 30 mg #15 to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex Ointment 240 grams: Upheld

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

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

Decision rationale: The guidelines state that any compounded product, which contains at least one product, which is not medically necessary, renders the entire medication to be not recommended. The requested medication contains a topical muscle relaxant. The current guidelines do not recommend any muscle relaxant to be used topically. There was insufficient discussion to certify the medication outside of current guidelines. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

60 Capsules of Nexium 40mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gi Symptoms & Cardiovascular Risk Page(s): 68, 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 67-69.

Decision rationale: The guidelines recommend PPI therapy for GERD also known as acid reflux. The clinical notes document the patient as having symptomatic GERD. Although, her symptoms do not appear to be well controlled on PPI therapy, the treating physician has requested GI consultation. Her symptoms would likely worsen without PPI therapy and it is reasonable to continue PPI therapy until further GI evaluation. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

30 Capsules of Temazepam 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: The guidelines recommend benzodiazepines as an option for short-term therapy for insomnia. Benzodiazepines should not be used for more than several weeks. The documents indicate the patient has been taking Temazepam chronically. There was insufficient discussion of the benefit of Temazepam outside of current guidelines. The documents did clearly discuss the previous conservative therapies, which have been tried for insomnia. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.