

Case Number:	CM14-0179786		
Date Assigned:	11/04/2014	Date of Injury:	04/25/2014
Decision Date:	12/09/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/29/2014

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 Emergency 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 had a reported date of injury on 4/25/2014. The mechanism of the injury is described as a heavy battery dropping on right foot. The patient has a diagnosis of the right foot sprain/strain, lumbago, sprain/strain neck and sprain/strain of right shoulder. The medical reports were reviewed. The last report available was until 9/16/14. The patient has complaints of neck, low back and right foot pain. Pain is described as 9/10. The pain is described as achy. An objective exam reveals patient in no distress and ambulates with normal gait. Cervical exam reveals mild-moderate tenderness with bilateral paraspinal tenderness. Range of motion (ROM) is normal. A lumbar exam reveals mild-moderate tenderness, the range of motion is normal and straight leg raise is negative. right foot exam reveals tenderness to right 5th metatarsal. There was a normal neurological and motor exam. A topical cream was ordered. It is not clear what "Enova Rx" is. There was only a note for Cyclobenzaprine 2% #60gram tube in the request. Norco was ordered to "Reduce pain". An x-ray of the right foot was performed on (9/14/14) prior to authorization to "assess gross osteopathology and exclude arthritis, infection, fracture or soft tissue infection." The x-ray of right foot dated 7/8/14 was normal with no obvious fracture. The medications include Flexeril and Cyclobenzaprine. The patient has ongoing physical therapy and medications. An Independent Medical Review is for "Unknown prescription for Enova Rx Cyclobenzaprine cream 2%", Norco 10/325mg #40 and Xray of right foot. The Prior Utilization Review (UR) on 10/23/14 recommended denial. It approved MRI of right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription for Enova RX Cyclobenzaprine cream 2%: 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: As per MTUS guidelines topical creams are considered experimental with poor evidence to support efficacy or use. It is unclear what "Enova Rx" means therefore this review will just be reviewing medical necessity of Cyclobenzaprine 2% Cream. Cyclobenzaprine is a muscle relaxant. It is not FDA for topical use. It is not recommended by MTUS guidelines. Requested topical cream is not medically necessary.

1 Prescription for Norco 10/325mg #40: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Hydrocodone/Acetaminophine is Norco and contains an opioid. As per MTUS chronic pain guidelines, initiation of opioids require establishment of a treatment plan, current pain/pain relief assessment and failure of non-opioid treatment. Provider has failed to document all components to recommend initialization of an opioid. There is no documentation of failure of non-opioid treatment. There is some records on attempted use of Tylenol but no other NSAIDs trials were documented. There is no documentation of pain or long term plan. Patient's claim of 9/10 pain does not correlate with physical exam report provided. Norco is not medically necessary.

1 Request for an X-ray of the right foot between 9/16/2014 and 12/20/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-374.

Decision rationale: As per ACOEM guidelines, indications for foot imaging include "red flag" findings, physiological evidence of neurological or physiological dysfunction, signs of fractures, significant swelling and failure to progress in strengthening program and pre-invasive procedure. Patient has had several foot X-rays that were negative. Repeating another X-ray of the foot with no change in exam will not yield any new findings. An MRI of the foot was approved by UR. X-ray of right foot was not medically necessary.