MAXIMUS Federal Services

Case Number:	CM14-0021527		
Date Assigned:	05/07/2014	Date of Injury:	05/15/2006
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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, Colorado, Kentucky, and North Carolina. 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 33-year-old who sustained an injury on May 15, 2006 when she was involved in a motor vehicle accident. The injured worker had been followed for chronic neck pain and low back pain. The injured worker had also been followed for anxiety and depression. Medications for these symptoms included Wellbutrin. Other treatment included facet rhizotomy procedures in October of 2013. The injured worker was also receiving physical therapy in October of 2013. The most recent clinical assessment was from October 19, 2013. Per the records the injured worker had approximately 35% relief from the rhizotomy procedures on October 2, 2013. The injured worker had some mild discomfort in the neck and low back. On physical examination tenderness to palpation was noted with decreased range of motion in the neck and low back. Ketoprofen 75mg twice daily, cyclobenzaprine 7.5mg daily, and TENS patches were prescribed at this visit. The injured worker was also recommended for a trial of topical LidoPro ointment. The requested Ketoprofen7.5mg, cyclobenzaprine 7.5mg, and LidoPro ointment 40% were denied by utilization review on February 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFILL KETOPROFEN 7.5MG 1 PO BID PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68.

Decision rationale: In regards to the request for Ketoprofen 7.5mg refill, the clinical documentation submitted for review provides minimal documentation after October of 2013 to warrant the continued use of this medication over a standard over the counter anti-inflammatory such as Tylenol or Aleve. Chronic Pain Medical Treatment Guidelines do not recommend long term use of prescription anti-inflammatories due to risk factors for cardiac hepatic and gastric side effects. There is also limited evidence in the clinical literature showing that prescription anti-inflammatories have any better efficacy than over the counter medications. The request for a refill of Ketoprofen 7.5 mg is not medically necessary or appropriate.

REFILL CYCLOBENZAPRINE 7.5MG 1 PO QHS PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the request for cyclobenzaprine 7.5mg refill, the clinical documentation submitted for review provides minimal documentation after October of 2013 to warrant the continued use of this medication. There is no indication that the claimant had further flare-ups or exacerbation of muscular spasms that would have supported further prescriptions for a muscle relaxant. Long term continuous use of a muscle relaxant is not recommended by Chronic Pain Medical Treatment Guidelines. The request for a refill of cyclobenzaprine 7.5 mg is not medically necessary or appropriate.

LIDOPRO OINTMENT 40 PERCENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC Page(s): 112-113.

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

Decision rationale: In regards to the request for Lidopro ointment 40%, the injured worker was recommended for a trial of this topical analgesic in October of 2013. There were no other clinical assessments after this recommendation to establish any functional benefit or pain reduction obtained with the use of a topical analgesic. Topical analgesics are largely considered experimental/investigational by the Chronic Pain Medical Treatment Guidelines. The request for Lidopro ointment 40% is not medically necessary or appropriate.