

Case Number:	CM14-0027296		
Date Assigned:	06/13/2014	Date of Injury:	03/07/2007
Decision Date:	07/16/2014	UR Denial Date:	02/15/2014
Priority:	Standard	Application Received:	03/03/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 49 year-old lady who was reportedly injured on March 7, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated May 30, 2014, indicates that there are ongoing complaints of neck and bilateral shoulder pain. Some relief is noted with the medication profile outlined. The physical examination demonstrated a decrease in cervical spine range of motion, a normal motor and sensory examination. Diagnostic imaging studies are referenced but not presented for review. Previous treatment includes cervical fusion surgery. A request was made for multiple medications and was not certified in the pre-authorization process on February 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 30 DORAL (QUAZEPAM) 15MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Benzodiazepines Page(s): 24.

Decision rationale: When considering the date of injury, the current diagnosis of shoulder strain impingement syndrome and considering the physical examination reported; there is no clear

clinical indication for this preparation. Muscle relaxant medications are indicated for short term use only. There is no basis presented demonstrating an acute exacerbation that would support this request. This is a sleep hypnotic medication. There were no sleep complaints noted in the progress note reviewed. As such this is not medically necessary.

60 NORCO (HYDROCODONE/APAP) 10/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 75-78.

Decision rationale: California Medical Treatment Utilization Schedule Guidelines supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. This is a chronic application for a diagnosis that appears to have resolved some time ago. There was an intervening co-morbidity that appears to be the pain generator. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. There is no clinical documentation of improvement in their pain or function with the current regimen. As such, this request is not considered medically necessary.

PROSPECTIVE REQUEST FOR 1 RX 120MG TUBE OF 30GM OF FLURBIPROFEN 25%-MENTHOL 10%-CAMPHOR 3%-CAPSAICIN 0.0375% TOPICAL COMPOUND CREAM: 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. MTUS (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Chronic Pain Guidelines state that topical analgesics are "largely experimental" and "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". The guidelines indicate Gabapentin is not recommended for topical application. Additionally, the guidelines recommend the use of Capsaicin only as an option for patients who are intolerant of other treatments. There is no documentation in the records submitted indicating the claimant was intolerant of other treatments. Therefore, the request for TGHOT Cream is not medically necessary.