

Case Number:	CM14-0033265		
Date Assigned:	06/20/2014	Date of Injury:	05/18/2005
Decision Date:	08/12/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/17/2014

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 injured worker is a 60-year-old male who was reportedly injured on May 18, 2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 3, 2014, indicated that there were ongoing complaints of bilateral knee pains. The physical examination demonstrated tenderness to palpation of the lower left extremity, a decrease in knee range of motion and a normal motor /sensory and reflex assessment. Diagnostic imaging studies were not presented for review. Previous treatment included multiple medications. A request had been made for multiple medications and was not certified in the pre-authorization process on March 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG Quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 74-78.

Decision rationale: When considering the date of injury, the current diagnoses noted, the lack of any specific findings on physical examination and the complete lack of objectification of any

efficacy or utility with the use of this analgesic medication and by the parameters outlined in the California Medical Treatment Utilization Schedule that this medication is indicated for the short-term management of moderate to severe breakthrough pain, there is insufficient clinical evidence presented to support any medical necessity for the continued use of this medication. There is no noted functional improvement, return to work, or any other parameter to demonstrate any necessity for continued use of this preparation.

Compound Topical Creams- Fluribiprofen And Cyclobenzaprine Tramadol: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines.

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.

Decision rationale: When considering the date of injury, the current diagnoses, and that the California Medical Treatment Utilization Schedule considers such topical preparations largely experimental, and that any compounded preparation, that includes one medication, that is not warranted with the entire medication, there is no indication for the indefinite use of the medication Flexeril. As such, the medical necessity for this preparation has not been established in the progress notes presented for review.