

Case Number:	CM14-0034308		
Date Assigned:	06/20/2014	Date of Injury:	01/30/2012
Decision Date:	07/25/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/19/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 57-year-old male who reported an injury after he twisted his back when he lifted a vacuum on 01/30/2012. The clinical note dated 02/06/2014 indicated diagnoses of lumbar disc disease and lumbar radiculopathy. The injured worker reported he had back surgery at L4-S1 in 05/2013. He reported persistent numbness of the legs, but reported leg pain was less after the surgery. On physical examination, there was bilateral tenderness and spasms of the L3-5 paraspinal muscles. There was pain with extension of the back localizing to the lumbar facet joints. The injured worker had pain with palpation of the bilateral sacroiliac joints with a positive FABERE sign. On examination of the lumbar spine, the injured worker had decreased range of motion. Extension was 10 degrees, flexion was 40 degrees, bilateral lateral bending was 15 degrees, and rotation was 20 degrees. The injured worker had decreased sensory to pinprick along the right lateral leg. The injured worker's prior treatments included diagnostic imaging, physical therapy, surgery, and medication management. The injured worker's medication regimen included Flexeril, ketoprofen, and Lyrica. The provider submitted request for Flexeril, ketoprofen, and urine toxicology screen. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The request for Flexeril 7.5mg is not medically necessary. The CA MTUS guidelines recommend cyclobenzaprine (flexeril) as an option; using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. The clinical note indicated the injured worker had muscle spasms; however, the injured worker has been prescribed Flexeril since at least 01/30/2014. This exceeds the guidelines' recommendations on short term use. In addition, there was a lack of quantified pain relief and functional improvement with the use of this medication. Furthermore, the request did not provide a frequency or quantity for the Flexeril. The request for Flexeril 7.5 mg is not medically necessary.

Ketoprofen 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 Topical Analgesic Page(s): 111-112.

Decision rationale: The request for Ketoprofen Cream is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also indicate any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketoprofen is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. There is a lack of documentation to indicate trials of antidepressants and/or anticonvulsants have failed. In addition, ketoprofen is not recommended by the FDA for topical application. The guidelines indicate any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Furthermore, the request does not indicate a dosage, frequency, or quantity. Additionally, there is a lack of documentation of efficacy and functional improvement from the use of this medication. Therefore, the request for Ketoprofen Cream is not medically necessary.

Urine Toxicology Screen (Retro): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-<http://www.odg-twc.com>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Page(s): 43.

Decision rationale: The request for Urine Toxicology Screen (Retro) is not medically necessary. The California MTUS guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of Opioids, for on-going management, and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any abnormal behaviors, drug seeking behaviors, or that the injured worker was suspected of illegal drug use. In addition, there was no evidence of opioid use. Therefore, the request for urine drug test (retro) is not medically necessary.