

Case Number:	CM14-0036480		
Date Assigned:	06/25/2014	Date of Injury:	10/31/2011
Decision Date:	07/25/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/25/2014

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, has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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 male who reported an injury 10/31/2011. The mechanism of injury was not provided within the medical records. The clinical note dated 04/22/2014 indicated diagnoses of cervical musculoligamentous sprain/strain resolving, lumbar spine disc disease with anterolisthesis at L4-5 bulging disc and facet arthropathy and acromion type 2 of the left shoulder without impingement at this point. The injured worker reported persistent neck pain 2/10 that was improving as well as low back pain 6/10 frequent that radiated to his legs. He reported Norco helped with the pain from 6/10 to 3-4/10 and the Flexeril helped with spinal muscle spasms. The injured worker reported he had undergone physical therapy for lumbar spine and cervical spine which helped to relieve his symptoms. On physical exam of the cervical spine, there was decreased range of motion with flexion of 40 degrees, extension of 50 degrees, right and left rotation of 70, and right and left lateral flexion of 40 degrees. The injured worker had tenderness to paraspinals equally and a positive Spurling's bilaterally and positive shoulder depression. Examination of the lumbar spine revealed decreased range of motion with flexion of 40 degrees, extension of 10 degrees, right and left lateral flexion of 10 degrees. The injured worker had tenderness to the paraspinals right greater than left, a positive Kemp's sign bilaterally, and the injured worker had a positive straight leg raise on the right of 80 degrees to posterior thigh. The injured worker had decreased sensation on the right 4/5 at L4 only. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included Norco and Flexeril. The provider submitted request for Flexeril and Keratek gel. The Request for Authorization dated 03/05/2014 was submitted for Keratek gel and Flexeril. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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 guidelines also state Flexeril is not recommended to be used for longer than 2-3 weeks. The injured worker has been using Flexeril since at least 02/11/2014. This exceeds the guidelines' recommendation of short course of therapy. Therefore, the request for Flexeril is not medically necessary.

KERATEK GEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: The California MTUS guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. It is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. There is little to no research to support Keratek and transdermal compounds are largely experimental. In addition, the request did not indicate a frequency, dosage, or quantity. Furthermore, the provider did not indicate a rationale for the request. Therefore, the request for Keratek gel is not medically necessary.