

Case Number:	CM14-0037966		
Date Assigned:	06/25/2014	Date of Injury:	07/01/2011
Decision Date:	07/28/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/28/2014

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 52-year-old female who was reportedly injured on July 1, 2011. The mechanism of injury was noted as a trip over a water hose. The most recent progress note dated March 5, 2014, indicated there were ongoing complaints of left ankle, left knee, and lower back pains. The physical examination demonstrated ambulation with the assistance of a cane. There were guarded motions of the left ankle and left knee. The physical examination of the left lower extremity noted atrophy of the left thigh and calf and there was tenderness of the medial and lateral aspects of the left ankle. Examination of the left knee noted medial and lateral tenderness and pain with range of motion and crepitus. Examination of the lumbar spine noted a slightly increased lumbar lordosis and guarding of the paraspinal muscles. There was tenderness of the interspinous ligaments and at the posterior superior iliac spines. Diagnostic imaging studies objectified mild osteoporosis of the distal tibia and fibula as well as the talus. X-rays of the lumbar spine noted straightening of the lumbar curvature. Nerve conduction studies of the lower extremities showed a left-sided S1 radiculopathy. An MRI of the lumbar spine noted a 3 mm disc bulge at the L4-L5 level. Previous treatment included a lumbar spine epidural steroid injection and left ankle injections. A request was made for Flexeril, Norco, Vicodin, and compounded capsaicin/flurbiprofen/tramadol/menthol/camphor/ketoprofen/lidocaine/dexamethasone and was not certified in the pre-authorization process on February 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines for Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines Muscle Relaxants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 63 of 127.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines Flexeril is a muscle relaxant indicated as a second line option for short-term use, for treatment of acute exacerbations of chronic low back pain. In this case, the attached medical record did not state that the injured employee was having acute exacerbations nor whether spasms were present on physical examination. Therefore, the request for Flexeril is not medically necessary and appropriate.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26, (Effective July 18, 2009) Page(s): 78 of 127.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, continued usage of opioid medications such as Norco and Vicodin can only be justified if there has shown to be an objective improvement of pain, and proven ability to improve function and participate in activities of daily living. Also, there should be noted potential side effects and screening for abuse/aberrant behavior. In this case, this has not been documented in the attached medical record. Therefore, the request for Norco 10/325 mg # 60 is not medically necessary and appropriate.

Vicodin 5/500mg #60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 78 of 127.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, continued usage of opioid medications such as Norco and Vicodin can only be justified if there has shown to be an objective improvement of pain, and proven ability to improve function and participate in activities of daily living. Also noted should be a potential side effects and screening for abuse/aberrant behavior. In this case, this was not been documented in the attach medical record. Therefore the request for Vicodin 5/500 mg # 60 is not medically necessary and appropriate.

Capsaicin/flurbiprofen/tramadol/menthol/camphor/ketoprofen/lidocaine and dexamethasone.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical treatment Guidelines: topical ointments: Non-steroidal anti-inflammatory agents (NSAIDs).

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 of 127.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, only medications which include anti-inflammatories, lidocaine, and capsaicin are recommended for usage. There has been shown to be no benefit to additional agents such as tramadol, Menthol, Camphor, and Dexamethasone. Therefore, the request for Capsaicin/Flurbiprofen/Tramadol/Menthol/Camphor/Ketoprofen/Lidocaine and Dexamethasone is not medically necessary and appropriate.