MAXIMUS Federal Services

Case Number:	CM14-0040504		
Date Assigned:	06/27/2014	Date of Injury:	06/15/2012
Decision Date:	09/12/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/07/2014

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 records, presented for review, indicate that this 56 year old individual was reportedly injured on June 15, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 5, 2004, indicated that there were ongoing complaints of neck, back, and lower extremity pains. The physical examination demonstrated a reported cervical spine muscle spasm, a decrease in range of motion of the cervical spine, a decreased range of motion of the bilateral shoulders with tenderness to palpation about the right elbow with a positive Tinel's sign, a decreased lumbar spine range of motion with tenderness to palpation. Diagnostic imaging studies were not presented for review. Previous treatment included multiple medications and conservative measures. However, it was noted that the employee had undergone bilateral shoulder surgery and right knee surgery, and it is unclear if this is a functional compensable event or not. A request was made for multiple topical medications and was not certified in the preauthorization process on March 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen/Capsaicin x 4 refills: 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 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 112 OF 127.

Decision rationale: This is a topical combination preparation that includes Flurbiprofen and Cyclobenzaprine. It is noted in the Medical Treatment Utilization Schedule (MTUS) that such compounded topical anesthetics are largely experimental and if a particular component is not indicated the entire preparation is not recommended. In this case, there is no clear clinical indication for the need for a skeletal muscle relaxant. The MTUS guidelines establish that this is for short term use to address acute flare. When considering the date of injury, the injury sustained, and given the fact that the current clinical record is simply a check off list with no clinical information, there is insufficient data presented to support this or establish the medical necessity for this product. As such this request is not medically recommended.

Gab/Lid/Aloe/Cap/Men/Cam x4 refills: 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 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 113 OF 127.

Decision rationale: As noted in the Medical Treatment Utilization Schedule (MTUS), these topical preparations are largely experimental. The more the use of Gabapentin is indicated for neuropathic pain lesion only. The records, presented for review, do not establish that there is any neuropathic pain generator. Therefore, this preparation is not clinically indicated and the medical necessity has not been established.

Cyclobenzaprine 7.5mg #120: 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 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64 OF 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of skeletal muscle relaxants for the short term treatment of pain but advises against long term use. Given the claimant's date of injury and clinical presentation, the guidelines do not support this request for chronic pain. There is no indication for chronic or indefinite use. As such, the request is not medically necessary.

Ondansetron 8 mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter updated July 2014.

Decision rationale: The records presented for review do not indicate any complaints of nausea, vomiting and there were no medicines that would induce such a symptomatology. Therefore, based on the limited clinical information presented for review and the lack of any complaints or physical examination findings to support the same, this is not medically necessary.

Terocin Patch #30: 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 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 112 OF 127.

Decision rationale: Terocin topical pain lotion is a topical analgesic ointment containing Methyl Salicylate, Capsaicin, Menthol, and Lidocaine 25/0.025/10/2.50 percent. The Medical Treatment Utilization Schedule (MTUS) notes that the use of topical medications is largely experimental and there have been few randomized controlled trials. It further goes on to note that topical Lidocaine is a secondary option when trials of antiepileptic drugs or antidepressants have failed. Based on the clinical documentation provided, the claimant has not attempted a trial of either of these classes of medications. MTUS notes when a single component of the compounded medication is not indicated, the entire medication is not indicated. As such, this request is considered not medically necessary.