

Case Number:	CM14-0041858		
Date Assigned:	06/30/2014	Date of Injury:	03/04/2013
Decision Date:	08/20/2014	UR Denial Date:	03/25/2014
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 Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 31-year-old female who reported an injury on 03/04/2014. The mechanism of injury involved a fall. The current diagnosis is multilevel disc protrusion in the lumbar spine with axial low back pain. The injured worker was evaluated on 12/27/2013 with complaints of low back pain. It is noted that the injured worker has been previously treated with 12 sessions of physical therapy. Physical examination revealed a normal gait, limited lumbar range of motion, tenderness and spasm in the cervical and lumbar spine, diminished hip adduction on the left, 2+ deep tendon reflexes, and negative straight leg raise. Treatment recommendations included activity modification and continuation of anti-inflammatories and topical pain creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flubiprofen/tramadol/cyclobenzaprine 20/20/4% 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 Page 111-113 Page(s): 111-113.

Decision rationale: California MTUS Guideline state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded

product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Cyclobenzaprine is not recommended. There is also no frequency or quantity listed in the current request. As such, the request is non-certified

amitriptyline/dextromethorphan/gabapentin, 10/10/10% 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 Page 111-113 Page(s): 111-113.

Decision rationale: California MTUS Guideline state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended, as there is no peer reviewed literature to support its use as a topical product. There is also no frequency or quantity listed in the current request. As such, the request is non-certified.

Acupuncture x8, cervical thoracic, lumbar knee and shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated, and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for 8 sessions of acupuncture exceeds guideline recommendations. There was also no documentation of a significant musculoskeletal or neurological deficit with regard to the cervical spine, thoracic spine, or the bilateral shoulders. Based on the clinical information received, the request is non-certified.

Flurido 30 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 111-113 Page(s): 111-113.

Decision rationale: California MTUS Guideline state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a

topical analgesic. There is also no strength or frequency listed in the current request. As such, the request is non-certified.

Ultrafex 30gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 111-113 Page(s): 111-113.

Decision rationale: California MTUS Guideline state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is no documentation of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. There is also no strength or frequency listed in the current request. As such, the request is non-certified.