

Case Number:	CM14-0042623		
Date Assigned:	06/30/2014	Date of Injury:	11/17/2011
Decision Date:	08/19/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 77 year old male injured on 11/17/11. Current diagnoses included knee tendinitis/bursitis, cervical radiculopathy, thoracic or lumbosacral neuritis or radiculitis, and shoulder region disorders. A clinical note dated 03/05/14 indicated the injured worker presented complaining of residual pain in the left knee status post total knee replacement. The injured worker reported improvement with increased range of motion and functional capacity status. Physical examination revealed discomfort on flexion/extension of the left knee against gravity. Recommendations for physical therapy, aqua therapy, activities which do not aggravate symptoms and home exercise program were submitted. The initial request for Norflex 100mg and unknown prescription for Terocin patch was non-certified on 03/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Muscle relaxants (for pain) Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of Norflex 100 mg cannot be established at this time.

Unknown prescription for Terocin patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: As noted on page 105 of the MTUS Chronic Pain Guidelines, salicylate topicals are recommended in the treatment of chronic pain. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. However, there is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the Terocin Patch cannot be recommended as medically necessary.