

Case Number:	CM14-0044852		
Date Assigned:	07/02/2014	Date of Injury:	07/27/2010
Decision Date:	08/27/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/11/2014

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 Texas and Ohio. 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 47-year-old female who reported an injury on 07/27/2010. The mechanism of injury was not specifically stated. Current diagnoses include internal derangement of the knee, status post left knee surgery, internal derangement of the right knee, lumbosacral sprain, trochanteric bursitis, impingement syndrome and bicipital tendinitis, left wrist inflammation, element of depression, element of weight gain, and element of sleep issues. The injured worker was evaluated on 03/18/2014 with complaints of persistent pain in the neck, low back, left knee, left foot, and left wrist. Previous conservative treatment includes medication management, bracing, and hot/cold therapy. Physical examination revealed tenderness along the cervical and lumbar paraspinal muscles bilaterally, persistent swelling in the left knee, tenderness along the joint line medially, and mild crepitus with range of motion. Treatment recommendations included continuation of the current medication regimen including Flexeril 7.5 mg, LidoPro lotion, and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66..

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. The injured worker has utilized Flexeril since 09/2013. There is no documentation of palpable muscle spasm or spasticity upon physical examination. Guidelines do not recommend long term use of muscle relaxants. There is no frequency listed in the current request. As such, the request is not medically necessary.

LidoPro lotion 4 ounces: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication prior to the initiation of the topical analgesic. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Terocin patches #20: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no documentation of a failure to respond to first line oral medication prior to the initiation of the topical analgesic. There is also no frequency listed in the current request. As such, the request is not medically necessary.