

Case Number:	CM14-0050832		
Date Assigned:	07/07/2014	Date of Injury:	10/01/2005
Decision Date:	08/15/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/19/2014

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, has a subspecialty in 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 56-year-old female who reported an injury on 10/01/2005 caused by an unspecified mechanism. The injured worker's treatment history included medication. The injured worker was evaluated on 01/20/2014, and it was documented that the injured worker had low back pain. The physical examination of the cervical and upper extremities revealed tenderness along the trapezius muscles bilaterally, and spinous processes at C4-5. The range of motion was noted at flexion, right and left lateral bending was 40 degrees, right and left rotation was 60 degrees, and extension was 45 degrees. Physical examination of the thoracic/lumbar and lower extremities revealed tenderness and was guarded at mullifidus, longissimus, iliocostalis and sciatic notch, bilaterally. She had spinous processes at L4 through L5 and S1. The range of motion was noted extension, left lateral bending was 10 degrees, flexion was 30 degrees, and right lateral bending was 50 degrees and was painful. She had a positive Lasegue's test on the left. It was noted that she had an antalgic gait. Diagnoses included status post posterior spinal arthrodesis, discogenic low back pain, carpal tunnel syndrome, and status post arthrodesis, cervical. Within the documentation the provider noted he recommended a CT scan of the cervical spine, lumbar spine, and psychological consultation. Request for authorization or rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex (Flurbiprofen 15 percent/Cyclobenaprine 10 percent): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: The requested Fluriflex (Flurbiprofen 15 percent/Cyclobenaprine 10 percent) is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product contains at least one drug (or drug class) that is not recommended. The guidelines state that there are no other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) that are indicated for neuropathic pain other than Lidoderm. The proposed gel contains methyl salicylate and menthol. The documentation submitted failed to indicate the injured worker's conservative care measures such as, physical therapy and pain medicine management outcome. In addition, the request did not provide frequency or location where the patches will be applied. As such, the request for Fluriflex (Flurbiprofen 15 percent/Cyclobenaprine 10 percent) is not medically necessary.

Soma 350mg 1 po BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 29.

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

Decision rationale: The requested Soma 350 mg 1 by mouth twice a day is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. There is lack of evidence provided that the injured worker received conservative care such as physical therapy and pain medication management. Furthermore, there was lack of documentation on the injured worker using the VAS scale to measure functional improvement after the injured worker takes the medication. In addition, the guidelines do not recommend Soma to be used for long-term use. Given the above, the request for Soma 350 mg 1 by mouth twice a day is not medically necessary.