

Case Number:	CM14-0052673		
Date Assigned:	07/07/2014	Date of Injury:	11/23/2007
Decision Date:	09/03/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/21/2014

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 Management and is licensed to practice in Florida. 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 48-year-old male who reported an injury on 11/23/2007. The mechanism of injury was not provided for clinical review. The diagnoses included; lumbar sprain or strain, low back pain with radicular symptoms to the left lower extremity, cervical spine sprain or strain. Diagnosis ruled out right upper extremity radiculopathy, and thoracic spine sprain or strain. Previous treatments included medication and rehab. Clinical documentation dated 03/19/2014, reported the injured worker complained of neck pain, mid back pain and low back pain. Upon physical examination of the cervical spine, the provider noted the injured worker's range of motion was normal. The injured worker had muscle spasms and tenderness of the cervical spine. On examination of the lumbar spine, the provider noted the injured worker had spasms of the paravertebral muscles and tenderness of the lower lumbar region. The injured worker had a positive straight leg raise on the left side and decreased sensation to light touch. The provider requested flurbiprofen/ tramadol and amitriptyline/gabapentin/dextromethorphan for the relief of pain. The request for authorization was submitted and dated 03/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen (20%)/Tramadol (20%): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 72, 111-113.

Decision rationale: The request for flurbiprofen 20%/tramadol 20% is not medically necessary. The injured worker complained of neck, mid back, and low back pain. The California MTUS Guidelines note there is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip, or shoulder. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the treatment site. and to provide the frequency and quantity of the medication. The injured worker has been utilizing the medication since at least 11/2013. Therefore, the request is not medically necessary.

Amitriptyline (10%)/Gabapentin (10%)/Dextromethorphan (10%): Upheld

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

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

Decision rationale: The request for amitriptyline 10%/gabapentin 10%/dextromethorphan 10% is not medically necessary. The injured worker complained of neck, mid back, and low back pain. The California MTUS guidelines states there is little to no evidence for use of other muscle relaxants as a topical product. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of and quantity of the medication. The injured worker has been utilizing the medication since at least 11/2013. Therefore, the request is not medically necessary.