

Case Number:	CM14-0058047		
Date Assigned:	07/09/2014	Date of Injury:	07/13/1995
Decision Date:	09/09/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/28/2014

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 & Rehabilitation, and is licensed to practice in Nevada. 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 67-year-old female who was reportedly injured on July 13, 1995. The mechanism of injury was noted as a fall type injury. The most recent progress note, dated May 30, 2014, indicated that there were ongoing complaints of pain in the head, neck and bilateral shoulders. The physical examination demonstrated a 5'1", 123 pound individual who is normotensive. A decrease in cervical spine range of motion was reported, and there was tenderness to palpation noted. Sensation was decreased in the C7 nerve distribution. Diagnostic imaging studies objectified were not reviewed. Previous treatment included cervical fusion surgery, bilateral shoulder surgery, physical therapy and multiple medications. Also noted were treatment for psychiatric issues with psychiatric medications and other interventions. A request was made for Norco and Cyclobenzaprine 10%, Tramadol 10%, Lidocaine 5% cream and was not certified in the pre-authorization process on April 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91 of 127.

Decision rationale: When noting the date of injury, the injury sustained the multiple surgical interventions, and that there has not been any objectification of increased functionality or decrease in pain complaints, there is no noted efficacy or utility with the ongoing use of this medication. As outlined in the California Medical Treatment Utilization Schedule, this medication is reserved for the moderate to moderately severe breakthrough pain. Seeing that this medication is being employed with no noted improvement, there is no medical data presented establishing necessity for the continued use of this preparation. Therefore, the request is not medically necessary.

Cyclobenzaprine 10%, Tramadol 10%, Lidocaine 5% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009); Page(s): 111-113 of 127.

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Guidelines state that topical analgesics are "largely experimental," and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended. The guidelines note there is little evidence to support the use of topical non-steroidal anti-inflammatory drugs for treatment of the above noted diagnosis. Additionally, the guidelines state there is no evidence to support the use of Topical Cyclobenzaprine (muscle relaxant). When noting two medications in this compounded topical formula are not recommended, the use of this medication would not fall within guideline parameters for recommendation. As such, this is not medically necessary.