

Case Number:	CM14-0069287		
Date Assigned:	07/14/2014	Date of Injury:	10/15/2004
Decision Date:	09/19/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/14/2014

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 California and 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 46 year old female who had a work related injury on 10/15/04 due to assisting a patient get up, injuring her back. The injured worker was initially treated in industrial facility and subsequently obtained representation and saw multiple physicians. The injured worker had multiple epidural steroid injections and facet blocks which did not give her much relief. The most recent clinical documentation submitted for review was dated 08/01/14 the injured worker followed up continuing with constant low back pain with intermittent left knee pain. The injured worker only received one session of aquatic therapy that consisted of orientation. She currently deferred any aggressive treatment at this time. Physical examination of the lumbar spine revealed pain in the middle L3 through L5 with bilateral paraspinal muscles with positive straight leg raise on the left in the seated position. 4/5 quadriceps strength test on the left. The injured worker ambulated with antalgic gait. Diagnosis two level lumbar disc herniation with instability. The plan was for the patient to continue with home exercise program to prevent deconditioning. Medication prescribed Biofreeze cream, Zantac, Motrin. Prior utilization review on 04/30/14 was not medically necessary.

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 WITH 1 REFILL: Upheld

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

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

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment 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 patient 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 this medication cannot be established at this time.

MOTRIN 800 MG, # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Further, there is no indication the patient cannot utilize the readily available formulation and similar dosage of this medication when required on an as needed basis. As such, the request for Motrin 800mg cannot be established as medically necessary.

BIOFREEZE TOPICAL CREAM 60 GM, # 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Biofreeze® cryotherapy gel.

Decision rationale: As noted in the Official Disability Guidelines, Biofreeze gel is recommended as an optional form of cryotherapy for acute pain. Biofreeze is a nonprescription topical cooling agent with the active ingredient menthol that takes the place of ice packs. The clinical documentation indicates the intent to use the medication for chronic pain. Additionally, there is no indication the injured worker requires prescribing of a nonprescription topical cooling agent if required on an as needed basis. As such, the request for Biofreeze cream, for treatment to the lumbar spine cannot be recommended as medically necessary at this time.

