

Case Number:	CM14-0069883		
Date Assigned:	07/14/2014	Date of Injury:	02/23/2012
Decision Date:	09/16/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/15/2014

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 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 records, presented for review, indicate that this 43-year-old individual was reportedly injured on February 23, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 13, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness to palpation of the lower lumbar region, paraspinal muscle spasm, a decreased lumbar spine range of motion, with motor strength and lower extremities to be consistent with mild weakness of the extensor hallucis longus. Diagnostic imaging studies were not presented. Previous treatment included physical therapy, medications, and other pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on May 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Soma 350mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: As outlined in the MTUS, this medication is "not recommended." Furthermore, this medication is not indicated for long-term use, as the side effect profile is somewhat elevated. The clinical data offers a boilerplate narrative, but no clinical indication relative to this particular case as to why this medication should be continued. As such, based on the date of injury, the treatment to date, the finding on a physical examination and the lack of any noted efficacy and by the parameters outlined in the MTUS, the medical necessity for this protocol is not present.

Ultracet 37.5/325mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines)-Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

Decision rationale: This is a synthetic opioid combined with acetaminophen, which can be useful for treatment of musculoskeletal pain. The diagnosis noted is a strain/sprain, which would be expected to have resolved by this time. Furthermore, this medication does have abuse potential, and guideline recommendations include urine drug screening and a narcotic agreement as well as measurable documentation of the patient's pain as well as evidence of improvement with the said medication. The record is absent of all of these recommendations. Therefore, the medical necessity for this medication cannot be established.

Flurbiprofen 20% cream, 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This medication is a topical nonsteroidal noted by the literature to be "largely experimental," and there is no clear clinical indication of an inflammatory process that would respond to this medication. Furthermore, there is no progress note data to suggest that this medication has demonstrated any efficacy or utility whatsoever. As such, when noting the parameters outlined in the MTUS and by the physical examination findings, there is insufficient data presented to support this medication.

Ketoprofen 20% Ketamine 10% cream, 120gm: 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 Page(s): 111-112.

Decision rationale: MTUS guidelines support topical NSAIDs for the short-term treatment of acute pain for short-term use, for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. These parameters are not noted in the progress notes presented for review. Furthermore, the record provides no documentation that the claimant has or is taking an oral anti-inflammatory. When noting the claimant's diagnosis, and no documentation of intolerance or contraindication to first-line therapies, there is no clinical indication for the use of this medication for the diagnoses noted. Therefore, this request is recommended for non-certification.

Gabapentin 10% Cyclobenzaprine 10% Capsaicin 0.0375% cream, 120gm: 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 Page(s): 111-113.

Decision rationale: MTUS 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". In this case, there is no clinical indication for topical use of a muscle relaxant (cyclobenzaprine), as the efficacy has not been established. Additionally, topical analgesics are primarily recommended for neuropathic pain, when trials of antidepressants and anticonvulsants have failed. As such, this request is not considered medically necessary.