MAXIMUS Federal Services

Case Number:	CM14-0075321		
Date Assigned:	07/16/2014	Date of Injury:	02/18/2013
Decision Date:	09/29/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/23/2014

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 Occupational Medicine, and is licensed to practice in California. 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:The patient is a 60-year-old female who was injured on 02/18/2013 when she fractured her right wrist and left foot after a slip and fall event. Progress report dated 05/02/2014 states the patient presented with pain in the left ankle and right wrist. She has left ankle tenderness, right wrist tenderness and 5th metatarsal tenderness. She was instructed to continue with conservative management and Terocin patches were request for pain and numbness as well as Flexeril, Naproxen, and Omeprazole as per RFA dated 05/02/2014. Prior utilization review dated 05/16/2014 states the request for Flexeril 705mg #90 is denied as medical necessity has not been established; Omeprazole 20mg #100; Terocin patch #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 705mg #90: 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: According to MTUS guidelines, muscle relaxants are recommended for short-term treatment of acute exacerbations of chronic low back pain. However, in this case the patient is prescribed muscle relaxants for muscle spasms of the right wrist and left ankle on a long-term basis without evident functional improvement. Further, according to guidelines muscle relaxants do not provide any additional benefit in combination with NSAIDs, which the patient is taking. Medical necessity for Flexeril is not established.

Omeprazole 20mg #100: Overturned

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 NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: According to MTUS guidelines, PPI's such as Omeprazole are recommended for patients taking NSAIDs at moderate to high risk of gastrointestinal events. In this case the patient is prescribed Naproxen on a long-term basis and has a history of GERD and gastritis. Therefore, this request is medically necessary.

Terocin patch #10: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: This is a request for Terocin patch, a combination product containing Methyl Salicylate, Menthol, Capsaicin and Lidocaine, for a 60-year-old female with chronic right wrist and left ankle pain. However, according to MTUS guidelines, the only recommended topical Lidocaine product is the Lidoderm patch. Further, topical NSAIDs are only recommended for short-term treatment, 4-12 weeks, of tendinitis or osteoarthritis, neither of which is documented. Finally, the patient is prescribed oral Naproxen such that a topical NSAID is redundant. Therefore, this request is not medically necessary.