

Case Number:	CM14-0078318		
Date Assigned:	07/18/2014	Date of Injury:	07/12/2013
Decision Date:	09/23/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/28/2014

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 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 injured worker is a 45-year-old male who was reportedly injured on July 12, 2013. The mechanism of injury was noted as resulting from a fall. The most recent progress note, dated February 25 2014, indicated that there were ongoing complaints of low back, right shoulder and neck pains. The physical examination demonstrated a slightly decreased right shoulder range of motion, with some weakness and crepitus reported. The lumbar spine examination noted a marked decrease in range of motion, tenderness to palpation and some muscle spasm. Deep tendon reflexes were reported to be 2+ at both lower extremities. Diagnostic imaging studies objectified or reported the following findings of compression fracture of the lumbar spine. Previous treatment included topical preparations, acupuncture, physical therapy, multiple medications and pain management interventions. A request was made for multiple medications and was not certified in the pre-authorization process on May 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter; FDA (Food and Drug Administration) - Ambien.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain chapter, updated August 2014.

Decision rationale: As outlined in the Official Disability Guidelines (ODG) this medication is a non-benzodiazepine hypnotic. This is indicated for the short-term treatment of insomnia. While noting that sleep hygiene is crucial to chronic pain treatment, there is no narrative presented, that there are any insomnia issues or the efficacy of this medication in terms of resolving those issues. Therefore, with the parameters noted in the ODG, this is for short-term intervention alone, and that long-term use is not recommended and is not medically necessary.

Fluriflex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Guidelines state that topical analgesics are "largely experimental," and "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 NSAIDs (Flurbiprofen) for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. Additionally, the guidelines state there is no evidence to support the use of topical cyclobenzaprine (a muscle relaxant). Lastly, the progress notes did not demonstrate any efficacy or utility with the utilization of this preparation. The guidelines do not support the use of Flurbiprofen or cyclobenzaprine in a topical formulation. Therefore, the request for FluriFlex is not medically necessary.

TGHot Topical Analgesic: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: California Medical Treatment Utilization Schedule Chronic Pain Guidelines state that topical analgesics are "largely experimental," and "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended". The guidelines indicate gabapentin is not recommended for topical application. Additionally, the guidelines recommend the use of capsaicin only as an option for patients who are intolerant of other treatments and there is no indication that an increase over a 0.025% formulation would be effective. There is no documentation in the records submitted indicating the injured worker was intolerant of other treatments. The request for topical TGHot is not in accordance with the

California Medical Treatment Utilization Schedule guidelines. Therefore, the request for TGHot Cream is not medically necessary.