

Case Number:	CM14-0080382		
Date Assigned:	07/18/2014	Date of Injury:	12/08/2013
Decision Date:	09/09/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	06/02/2014

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 56-year-old female who was reportedly injured on 12/8/2013. The mechanism of injury is noted as a direct blow to the low back and left hip. The most recent progress note, dated 3/17/2014. Indicates that there are ongoing complaints of low back pain that radiates to the bilateral lower extremities. The physical examination demonstrated lumbar spine: positive tenderness to palpation pair lumbar muscles bilaterally. +2 muscle spasm noted. Limited range of motion with pain. Straight leg raise was positive bilaterally at 45. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, medications, and conservative treatment. A request was made for cyclobenzaprine 7.5mg #90, omeprazole 20mg #60, TGHOT (tramadol 8%, gabapentin 10%, menthol 2%, camphor 2%, capsaicin 0.05%) 180gm, FluriFlex 180gm and was not certified in the pre-authorization process on 4/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg quantity requested: 90.00: 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): 41, 64.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the injured workers' date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

Omeprazole 20mg quantity requested: 60.00: 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 Proton Pump Inhibitors (PPI) Page(s): 68-69.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records, fails to document any signs or symptoms of gastrointestinal distress, which would require PPI treatment. As such, this request is not considered medically necessary.

TGHot (Tramadol 8%, Gabapentin 10%, menthol 2%, Camphor 2%, Capsaicin 0.05%) 180gm jar quantity requested: 1.00: 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: Tramadol/Gabapentin/Menthol/Camphor/Capsaicin 8/10/2/0.05% (TGHot) cream: 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 claimant 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.

Flurflex (Flurbiprofen 10%, Cyclobenzaprine 10%) 180gm jar quantity requested: 1.00: 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: FluriFlex (flurbiprofen/cyclobenzaprine 15/10%) cream: 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 non-steroidal anti-inflammatory drugs (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). The guidelines do not support the use of Flurbiprofen or cyclobenzaprine in a topical formulation. Therefore, the request for FluriFlex is deemed not medically necessary.