

Case Number:	CM14-0080607		
Date Assigned:	07/18/2014	Date of Injury:	03/31/2009
Decision Date:	09/09/2014	UR Denial Date:	05/15/2014
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 American Board of 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 35-year-old female who was reportedly injured on 3/31/2009. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated 1/15/2014 indicated that there were ongoing complaints of bilateral wrists pain, left shoulder pain, left knee pain, and neck and elbow pains. The physical examination demonstrated no acute distress. Tenderness noted along the patella immediately/laterally. Positive Tinel's sign on the left wrist and tenderness along the left wrist to palpation. Neck range of motion was intact. Neurological examination was within normal limits. Diagnostic imaging studies included mention of magnetic resonance images of the cervical spine, left shoulder, left wrist, and left knee, but all studies are greater than six months old. Previous treatment included chiropractic care, transcutaneous electrical nerve stimulation unit, physical therapy, and medications. A request had been made for Flexeril 7.5 mg #60, Tramadol extended release 150 mg #30, Lidopro lotion, Terocin patches #20 and was not certified in the pre-authorization process on 5/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: 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: 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.

Tramadol ER 150mg #30: 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): 82,113.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records failed to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.

LidoPro lotion 4 ounces #1: 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): 56,57,112.

Decision rationale: Lidopro is a topical compounded preparation containing Capsaicin, Lidocaine, Menthol and Methyl Salicylate. California Medical Treatment Utilization Schedule 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". The guidelines note there is little evidence to support the use of topical Lidocaine or Menthol for treatment of chronic neck or back pains. As such, this request is not considered medically necessary.

Terocin Patches #20: 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): 105,112.

Decision rationale: Terocin is a topical analgesic containing Lidocaine and Menthol. California Medical Treatment Utilization Schedule guidelines support topical Lidocaine as a secondary option for neuropathic pain after a trial of an antiepileptic drug or anti-depressants have failed. There is no evidence-based recommendation or support for Menthol. California Medical Treatment Utilization Schedule 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". As such, this request is considered not medically necessary.