MAXIMUS Federal Services

Case Number:	CM14-0081559		
Date Assigned:	07/18/2014	Date of Injury:	06/27/2007
Decision Date:	09/18/2014	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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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:

This is a 65-year-old male with a 6/27/2007 date of injury. A specific mechanism of injury was not described. 5/15/14 determination was modified. Certification was rendered for a psychiatric consultation, Narcosoft, and orthopedic re-evaluation. Fluriflex cream and Xanax were non-certified. Reasons for non-certification included that Fluriflex was a compounded product and no support for the topical use of NSAIDs. As for Xanax, due to the risk of abuse and psychological dependence, along with the lack of evidence supporting the use of Xanax. 5/27/14 orthopedic medical report identified low back pain with some numbness and tingling to the lower extremity rated 3/10. Exam revealed tenderness over the paraspinous muscles and midline. There was decreased range of motion, sensation was reported as slightly abnormal and motor examination was normal. Prescriptions were provided for Hydrocodone/APAP, Cyclobenzaprine, Zolpidem, and Xanax. 5/2/14 pain management report identified lumbar spine pain rated at 4/10. The pain had increased. He had been taking the medications regularly and tolerated when well. Exam revealed decreased range of motion, tenderness over the medial and lateral joint lines, and decreased sensation in the L5-S1 dermatomes bilaterally. Motor strength 4/5 bilaterally to plantar flexors, foot evertor, and foot invertors. The pain management provider prescribed a refill of Oxycodone, Norco, Wellbutrin, and Ambien.

IMR ISSUES, DECISIONS AND RATIONALES

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

fluriflex cream 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topic analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical applications Page(s): 111, 112-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There was no justification for the need of a compounded medication as opposed to more widely supported oral medication. Therefore, this request is not medically necessary.

Xanax 0.5mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GAD.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baillargeon Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The medical necessity was not substantiated for the continued use of Xanax. The duration of treatment of the medication was not clearly delineated. The patient seemed to be receiving medications from two practitioners and there was no clear indication of lack of aberrant behavior. There was also no rationale for the need of the continued use of Xanax past the 4 week recommendation by CA MTUS. There was no documented efficacy of the medication or an end-point of treatment plan. Therefore, this request is not medically necessary.