

Case Number:	CM14-0081834		
Date Assigned:	07/18/2014	Date of Injury:	06/21/2013
Decision Date:	08/27/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/03/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 66-year-old with a reported date of injury of 05/21/2013 that occurred when moving fire extinguishers. Treatment modalities have included physical therapy, acupuncture and pain medication. The patient has the diagnoses of lumbar spine strain, lumbar disc displacement, herniated nucleus pulposus, lumbar radiculopathy and hypertension. Progress notes provided by the primary treating physician dated 05/02/2014 note the patient has complaints of burning radicular low back pain with muscle spasms that is rated a 8/10 with numbness and tingling of the left lower extremity. Physical exam showed restriction in motion of the lumbar spine due to pain and tenderness to palpation at the lumbar paraspinal muscles and lumbosacral junction. Treatment plan consisted of continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclophene 5% in PLO gel 120grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain, Compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112-113.

Decision rationale: The California MTUS Chronic Pain Medical Guidelines states topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is then not recommended. This product is a topical form of cyclobenzaprine which is a muscle relaxant. Topical muscle relaxants are not recommended and thus the medication is not medically necessary.

Synapryn 10/1ml 500 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate); Opioids Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: The requested medication is a combination medication containing tramadol and glucosamine. The California MTUS Chronic Pain Medical Treatment guidelines state glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride (GH). This patient does not have any knee diagnoses or a diagnosis of osteoarthritis, therefore the use of this medication is not indicated and not medically necessary.

Tabradol 1mg/ml oral suspension 250ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: The requested medication contains cyclobenzaprine and methylsulfonylmethane. The California MTUS Chronic Pain Medical Treatment guidelines state non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. The requested medication is not being used for an acute exacerbation but for chronic maintenance. This is not a recommended use and thus the medication is not medically necessary.

Ketoprofen 20% in PLO Gel 120grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: The California MTUS Chronic Pain Medical Treatment guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The patient does not have the diagnosis of osteoarthritis and the medication is being used for a greater time period than the recommendation. For these reason the medication is not medically necessary.