

Case Number:	CM14-0087525		
Date Assigned:	07/23/2014	Date of Injury:	10/25/2013
Decision Date:	10/14/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/11/2014

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 records, presented for review, indicate that this 36-year-old gentleman was reportedly injured on October 25, 2013. The mechanism of injury was being dragged by a car while leaning over the window. The most recent progress note, dated April 8, 2014, indicated that there were ongoing complaints of cervical spine pain, lumbar spine pain, right shoulder pain, and left knee pain. Current medications include Naprosyn and Flexeril. The physical examination demonstrated decreased range of motion of the cervical and lumbar spine. There was tenderness from L4 through S1 bilaterally and a positive facet loading test. Examination of the right shoulder indicated decreased range of motion and tenderness over the acromioclavicular joint. Examination of the left knee also noted decreased range of motion along with peripatellar tenderness. Diagnostic imaging studies of the cervical spine revealed a disc herniation at C5-C6. An MRI of the lumbar spine revealed a disc herniation at L4-L5 and a disc protrusion at L5-S1. Previous treatment included physical therapy and oral medications. A request had been made for Flexeril, a topical compound of amitriptyline/tramadol/dextromethorphan, a topical compound of ketoprofen/lidoderm/gabapentin and Naprosyn and was not certified in the pre-authorization process on May 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5 mg HS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons, this request for Flexeril is not medically necessary.

Amitriptyline/tramadol/dextromethorphan BID: 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 Page(s): 111-112.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary, the entire product is not medically necessary. Considering this, the request for amitriptyline/tramadol/dextromethorphan is not medically necessary.

Ketoprofen/Lidoderm/Gabapentin BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines, compound drugs

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary, the entire product is not medically necessary. Considering this, the request for topical ketoprofen/lidocaine/gabapentin is not medically necessary.

Naprosyn 550 mg BID: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Naprosyn is a nonselective, non-steroidal anti-inflammatory medication, which has some indication for chronic low back pain. When noting the injured employee's diagnoses and signs/symptoms, there is a clinical indication for the use of this medication as noted in the applicable guidelines. The request for Naprosyn is medically necessary.