

Case Number:	CM14-0088425		
Date Assigned:	07/23/2014	Date of Injury:	05/18/2012
Decision Date:	09/25/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/12/2014

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 53-year-old female was reportedly injured on May 18, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 24, 2014, indicates that there are ongoing complaints of low back pain radiating to the lower extremities as well as neck pain, right arm pain, and left lower extremity pain. The physical examination demonstrated there was tenderness and spasms along the lumbar spine paravertebral muscles and atrophy of the quadriceps. There was decreased lumbar spine range of motion and decreased sensation at the left lateral thigh and left foot as well as the right lateral foot. Diagnostic imaging studies of the lumbar spine indicate a disc bulge at L5 - S1. Previous treatment includes heat/ice, NSAIDs, and a lumbar steroid injection. A request had been made for a dental referral for TMJ treatment, a Botox injection with a neurologist, and Fluriflex cream and was not certified in the pre-authorization process on May 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dental referral for TMJ treatment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Independent Medical Examinations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, page 127.

Decision rationale: The ACOEM guidelines state "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The injured employee has been diagnosed with Temporomandibular joint (TMJ) dysfunction as well as migraines and may very well benefit from a specialty referral for this. This request for a dental referral for TMJ treatment is medically necessary.

Botox Injection with a neurologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox; Myobloc).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Botulism Toxin for Chronic Migraine, Updated August 11, 2014.

Decision rationale: According to the attached medical record the injured employee has been diagnosed with migraine headaches and the Official Disability Guidelines supports the usage of botulism toxin for the treatment of chronic migraines. However there is no justification for this procedure to be performed by neurologist. Without additional justification, this request for a Botox injection with a neurologist is not medically necessary.

Fluriflex(flurbiprofen/cyclobenzaprine)15/10% cream 240mg to be applied to the affected area twice daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: FluriFlex is a compound consisting of flurbiprofen and cyclobenzaprine. 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 to include cyclobenzaprine. Considering this, the request for Fluriflex is not medically necessary.