

Case Number:	CM14-0090836		
Date Assigned:	07/25/2014	Date of Injury:	06/20/2011
Decision Date:	10/16/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/16/2014

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, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 36-year-old who reported an injury on June 20, 2011. The mechanism of injury was not submitted for clinical review. The diagnoses included status post 2 level anterior cervical discectomy, noncompliance with brace, right shoulder impingement, bilateral wrist sprain/strain, insomnia and depression, bilateral shoulder sprain/strain, cervical disc protrusion with radiculitis, and lumbar spine sprain/strain. The previous treatments included medication, surgery, and physical therapy. Within the clinical note dated May 27, 2014, it was reported the injured worker complained of constant headaches. She rated her headaches 6/10 to 7/10. She complained of constant back pain rated 6/10 in severity. She noted the pain radiated to the bilateral upper extremities with associated numbness and tingling sensation as well as weakness. She complained of mild back pain rated 6/10 in severity. Upon the physical examination, the provider noted the cervical range of motion was restricted. The provider noted the injured worker had a positive Tinel's on the right wrist. There were tenderness and spasms noted over the thoracic spine with a positive thump test with radiation around the chest. The provider requested Flurflex, TGHOT cream, cyclobenzaprine, and Motrin. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurflex 180gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of four to twelve weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. The request submitted failed to provide the quantity of the medication. Therefore, the request for Flurflex 180 grams is not medically necessary or appropriate.

TGHot 180gram: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. The request submitted failed to provide the quantity of the medication. Therefore, the request for TGHot 180 grams is not medically necessary or appropriate.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41,61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Muscle Relaxants Page(s): 63, 64.

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The Guidelines note the medication is not recommended to be used for longer than two to three weeks. The injured worker has been utilizing the medication since at least May of 2014 which exceeds the Guidelines recommendations of short term use of 2 to 3

weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request for Cyclobenzaprine 7.5 mg, sixty count is not medically necessary or appropriate.

Motrin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 66-67..

Decision rationale: The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time. The Guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least May of 2014. Therefore, the request for Motrin 600 mg, sixty count, is not medically necessary or appropriate.