MAXIMUS Federal Services

Case Number:	CM14-0136829		
Date Assigned:	09/03/2014	Date of Injury:	03/04/2011
Decision Date:	01/14/2015	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/25/2014

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 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:

The underlying date of injury in this case is 03/04/2011. The date of the Utilization Review currently under appeal is 08/07/2014. This patient's diagnoses include cervical radiculitis, myofascial pain syndrome, shoulder sprain, and right wrist cyst. The patient was seen in primary treating physician follow-up 07/17/2014. The patient reported ongoing symptoms of neck pain, upper back pain, and mid back pain as well as bilateral shoulder pain and bilateral wrist pain. Approval for right wrist arthroscopic surgery had been granted, and scheduling was pending. The patient was not working at that time. The physician recommended right wrist arthroscopic surgery and also requested postoperative medication and physical therapy. Prior physician review noted that the patient had undergone an MRI of the wrist showing a synovial lesion versus a cyst and noted that authorization for right arthroscopy had been granted. That physician review noted that there was no documentation of subjective or objective benefit for the use of Motrin and therefore this medication was not medically indicated. A more recent request for authorization for cervical spine bracing and x-rays of the cervical spine of 08/19/2014 notes the patient has a history of a two-level cervical decompression and fusion in October 2013 with residuals as well as pseudarthrosis and also degenerative disc disease in the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fluriflex 180grm: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, section on topical analgesics, state that any compounded product that contains at least one drug that is not recommended is not recommended. This compounded product includes Cyclobenzaprine, which is specifically not recommended by the treatment guidelines for topical use. Therefore, this request is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, section on muscle relaxants, regarding Cyclobenzaprine, state that this medication is recommended only for a short course of therapy and is not indicated for chronic use. The records do not provide an alternate rationale for chronic use in this situation. Therefore, this request is not medically necessary.

Motrin 600mg #60: Overturned

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, page 22, state that anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume. The guidelines do recommend this medication class as first-line treatment for chronic musculoskeletal pain. A prior physician review states that no specific documentation of functional benefit has been documented; however, it would be appropriate to continue this medication based on subjective reports of pain relief, particularly given the complex situation in this case with pending surgery. This request is supported by the treatment guidelines. This request for Motrin is medically necessary.