

Case Number:	CM14-0188093		
Date Assigned:	11/18/2014	Date of Injury:	01/04/2002
Decision Date:	01/07/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/12/2014

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 & Rehabilitation 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 injured worker is a 46-year-old male who reported an injury on 01/04/2002. The mechanism of injury was not submitted for clinical review. The diagnoses include bilateral lumbar facet joint pain at L4-5 and L5-S1, lumbar facet joint arthropathy, chronic low back pain, chronic bilateral knee pain, bilateral wrist pain, and bilateral feet pain. Previous treatments included physical therapy, night splints, motion control orthotics, and medication. On 10/20/2014, it was reported the patient complained of low back pain, bilateral knee pain, bilateral wrist pain and hand pain, and bilateral feet pain. Physical examination revealed tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L4-5 and L5-S1 facet joints. The lumbar range of motion was restricted by pain in all directions. Lumbar extension was worse than lumbar flexion. The provider noted sensation was intact to light touch, pin prick. A request was submitted for Flexeril, Terocin patches, and LidoPro cream. 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:

Flexeril 75mg (60): 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 Page(s): 63-64.

Decision rationale: The request for Flexeril 75mg (60) is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended longer than 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. Additionally, the injured worker has been utilizing the medication for an extended period of time, which exceeds the guidelines recommendation of short term use. Therefore, the request is not medically necessary.

Terocin patches #30: Upheld

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

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

Decision rationale: The request for Terocin patches #30 is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for osteoarthritis and tendonitis, 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. Additionally, the injured worker has been utilizing the medication for an extended period of time, which exceeds the guidelines recommendation for short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.

Lidopro cream 2 bottles: 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 NSAIDs Page(s): 111-112.

Decision rationale: The request for LidoPro cream 2 bottles is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for osteoarthritis and tendonitis, 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. Additionally, the injured worker has been utilizing the medication for

an extended period of time, which exceeds the guidelines recommendation for short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.