MAXIMUS Federal Services

Case Number:	CM14-0205183		
Date Assigned:	12/30/2014	Date of Injury:	11/26/2012
Decision Date:	02/11/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/08/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back, mid back, upper back, hip, and thigh pain reportedly associated with an industrial injury of November 23, 2012.In a Utilization Review Report dated November 11, 2014, the claims administrator denied a request for cyclobenzaprine, approved a request for Motrin, denied a request for FluriFlex, denied a request for TG hot, and conditionally denied 12 sessions of physical therapy. The claims administrator referenced a September 17, 2014 progress note in its determination.The applicant's attorney subsequently appealed.In a September 17, 2014 RFA form, continuing physical therapy, Flexeril, Motrin, and FluriFlex were endorsed. In an associated progress note of the same date, September 17, 2014, the applicant reported persistent complaints of neck pain, mid back pain, low back pain, wrist pain, hand pain, hip pain, and thigh pain. The applicant had completed five recent sessions of physical therapy, the attending provider acknowledged. The applicant had ancillary complaints of sleep disturbance, depression, and anxiety. The applicant was given prescriptions for cyclobenzaprine, FluriFlex, and TG hot while remaining off of work, on total temporary disability.On August 6, 2014, 12 sessions of physical therapy, Flexeril, FluriFlex, TG hot compound, localized intense neurostimulation therapy, and urine drug testing were endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cylcobenzaprine 7.5mg #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 Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using ibuprofen, another analgesic medication. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. It is further noted that the 60-tablet supply of Cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Fluriflex 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Flexeril are not recommended for topical compound formulation purpose. Since one or more ingredients in the compound is not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

TG hot 180mg: 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 Analgesics Page(s): 111-113.

Decision rationale: One of the ingredients in the compound is Gabapentin. However, page 111 of the MTUS Chronic Pain Medical Treatment Guidelines notes that gabapentin is not recommended for topical compounded formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the applicant has already received and used the topical compound at issue, despite the unfavorable MTUS position on the same and has, moreover, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of the TG hot compound at issue. The applicant remains off of work, on total temporary disability, and remains dependent on a variety of other forms of

medical treatment, including physical therapy, muscle relaxants such as Flexeril, and localized intense neurostimulation therapy (LINT). All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the TG hot compound at issue. Therefore, the request was not medically necessary.