

Case Number:	CM15-0002069		
Date Assigned:	01/13/2015	Date of Injury:	01/04/2014
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 63-year-old female who reported an injury on 01/04/2014. The mechanism of injury was not provided. Prior therapies included physical therapy. The mechanism of injury was a slip and fall. The injured worker was noted to have utilized an NSAID, Motrin, which helped somewhat. The injured worker indicated a TENS unit helped with therapy. The injured worker underwent an MRI of the thoracic spine which was noncontributory to the request. The documentation of 11/07/2014 revealed the injured worker was having a followup for back pain. The injured worker indicated the mid back pain occasionally wrapped around her lower rib regions bilaterally. The pain was noted to range from 2/10 to 9/10 on the pain scale. The injured worker continued with a home exercise program. The injured worker indicated her activity level was limited by pain. The physical examination revealed decreased range of motion in the lumbar and thoracic spine. The diagnoses included multilevel disc herniations of the thoracic spine and thoracic and lumbar sprain and strain. The sensation was noted to be intact. Motor strength of the TA, EHL, inversion, eversion, and plantar flexors were 5-/5 bilaterally. Lower reflexes were intact. The treatment plan included naproxen 550 mg #60 up to twice per day as needed for pain and inflammation and capsaicin cream. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for naproxen 550 mg #60 is not medically necessary.

CM4-CAPS + Cyclo 4%: 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 Analgesics; Cyclobenzaprine; Topical Capsaicin Page(s): 111; 41; 28.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The guidelines do not recommend the topical use of Cyclobenzaprine as a topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The clinical documentation submitted for review failed to provide the injured worker had a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation indicating exceptional factors to warrant the utilization of cyclobenzaprine as it is not recommended. The request as submitted failed to indicate the frequency, body part, and quantity of medication to be utilized. Given the above, the request for CM4-CAPS + Cyclo 4% is not medically necessary.