MAXIMUS Federal Services

Case Number:	CM15-0003951		
Date Assigned:	01/12/2015	Date of Injury:	05/25/2012
Decision Date:	03/16/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/07/2015

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 65-year-old female who reported an injury on 05/25/2012. The injured worker was reportedly struck by a client. The current diagnoses include cervical spine musculoligamentous injury with discopathy, cervical spine radiculitis in the right upper extremity, thoracic spine musculoligamentous injury without discopathy, right shoulder impingement syndrome, psychological complaints, bilateral carpal tunnel syndrome and stress/anxiety/depression. The latest physician progress report submitted for review was documented on 08/04/2014. The injured worker presented with complaints of persistent pain in the neck and low back. The injured worker reported an improvement in symptoms with acupuncture treatment. Upon examination of the cervical spine, there was limited range of motion, tenderness to palpation, and spasm. Examination of the shoulder also revealed limited right shoulder range of motion with tenderness to palpation and 4/5 rotator cuff strength. Examination of the lumbar spine revealed limited range of motion with tenderness to palpation and spasm. Recommendations included continuation of acupuncture and the current medication regimen. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Flurbiprofen poweder: Upheld

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

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

Decision rationale: California MTUS Guidelines state the only FDA approved topical NSAID is diclofenac. Therefore, the request for topical Flurbiprofen is not medically appropriate. There is also no strength, frequency, or quantity listed in the request. As such, the request is not medically necessary.

Retro Cyclobenzaprine powder: Upheld

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

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

Decision rationale: California MTUS Guidelines do not recommend cyclobenzaprine as a topical product, as there is no evidence for the use of a muscle relaxant as a topical product. There is also no strength, frequency, or quantity listed in the request. Given the above, the request is not medically appropriate.

Retro Gabapentin powder: Upheld

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

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

Decision rationale: California MTUS Guidelines do not recommend gabapentin for topical use, as there is no peer reviewed literature to support its use as a topical product. There is also no strength, frequency, or quantity listed in the request. Given the above, the request is not medically appropriate.

Retro Tramadol powder: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically

address the requested medication. Effectiveness of topical administration of opioids in palliative care: a systematic review. B LeBon, G Zeppetella, IJ Higginson - Journal of pain and symptoms, 2009-Elsevier.

Decision rationale: Peer reviewed literature indicates there is a deficiency of higher quality evidence in the role of topical opioids, and more robust primary studies are required to inform practice recommendations. There is also no strength, frequency, or quantity listed in the request. Given the above, the request is not medically appropriate.