

Case Number:	CM15-0209550		
Date Assigned:	10/28/2015	Date of Injury:	03/10/2015
Decision Date:	12/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/23/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 26 year old male, who sustained an industrial injury on 03-10-2015. The injured worker was diagnosed as having acute cervical sprain, acute lumbar strain, left knee strain- rule out meniscal tear and head trauma. On medical records dated 08-12-2015, the subjective complaints were noted as cervical spine, lumbar spine and left knee pain. Pain was rated at 6-8 out of 10 without medication and 2-3 out of 10 with medication. Objective findings were noted as cervical spine as a decreased range of motion, palpation of the levator scapulae revealed tenderness bilaterally and hypertonicity on the left. Palpation of the trapezius revealed tenderness bilaterally and hypertonicity on the right. Lumbar spine revealed decreased range of motion. Palpation of lumbar paraspinals revealed tenderness bilaterally and hypertonicity on the left and lumbar spine revealed tenderness. Straight leg raise was positive. Left knee revealed decreased range of motion. And palpation of the medial joint line revealed tenderness. McMurrays test was positive. Treatment to date included medication. The injured worker was noted to be not working. Current medications were not listed on 08-12-2015. Documentation supports that the injured worker was taking Ibuprofen and Flexeril since at least 04-2015. The Utilization Review (UR) was dated 10-01-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Flexeril 10mg #30 was modified, Flurbiprofen 20% Baclofen 5% Lidocaine 4% Menthol cream 4% 180 grams and Ultram #90mg #90 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 20%/Baclofen 5%/Lidocaine 4%/Menthol cream 4% 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Many of these agents have little to no research to support their use. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested product contains Flurbiprofen, Baclofen, Lidocaine and Menthol. For Flurbiprofen to be recommended, it must be demonstrated that an oral NSAID was ineffective or not tolerated. There is no evidence that a topical NSAID is warranted. Baclofen is a muscle relaxant and muscle relaxants are not approved for topical use. Lidocaine is only recommended in the form of a Lidoderm patch and not in combination with any other medication. Menthol has no approved medical use. Therefore the request is not medically necessary or appropriate.

Ultram (Tramadol 50 mg) #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Ultram (Tramadol) is a centrally-acting synthetic opioid indicated for treatment of moderate to severe pain. Opioids are not indicated for long-term use unless there is documented pain relief and evidence of functional improvement allowing return to work. In this case, there is no evidence of objective improvement in the claimant's condition. Physical exam findings remain unchanged and the claimant has not returned to work. There is also no documentation of the 4 A's (analgesia, ADLs, appropriate drug use and adverse effects). Therefore, based on the above, the request is not medically necessary or appropriate.

Flexeril (cyclobenzaprine HCL 10mg) tablet #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: CA MTUS Guidelines states that muscle relaxants like Flexeril are indicated for acute muscle spasm for short-term use. Muscle relaxants are indicated for short-term use only. Maximum benefit is achieved in the first 3-4 days. Muscle relaxants are not recommended for greater than 2-3 weeks. In this case, Flexeril is being used on a long-term basis, contrary to guidelines. In addition, there is no documentation of acute flare of muscle spasm. Therefore, based on the above findings, the request is not medically necessary or appropriate.