

Case Number:	CM15-0023872		
Date Assigned:	02/13/2015	Date of Injury:	06/10/2013
Decision Date:	04/06/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/09/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56-year-old male who reported an injury on 08/23/2012 due to an unspecified mechanism of injury. On 01/16/2015, he presented for a follow-up evaluation. He reported persistent severe pain in the low back that radiated into the hips and legs. A physical examination showed diffuse paraspinal tenderness and spasms with 5/5 strength and intact sensation. He was diagnosed with an L5-S1 degenerative disc disease with stenosis. The treatment plan was for an internal medicine consultation and a topical analgesic. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Internal Medicine Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004) Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: The Official Disability Guidelines indicate that office visits are recommended based upon a review of the injured worker's signs and symptoms, clinical stability, and reasonable physician judgment and subjective complaints. The documentation provided for review does show that the injured worker is symptomatic regarding the lumbar spine. However, a clear rationale was not provided for the medical necessity of an internal medicine consultation. Without a clear rationale for the medical necessity of this request, the request would not be supported. Therefore, this request is not medically necessary.

Flurbiprofen/Cyclobenzaprine/Menthol Cream 180 gm: 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): 111-114.

Decision rationale: The California MTUS Guidelines state that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is also stated that any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Cyclobenzaprine is not recommended for topical use by the cited guidelines. The documentation submitted for review does not show that the injured worker is having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. There was also no evidence that he has tried and failed recommended oral medications or that he is intolerant of oral medications to support the request. Furthermore, cyclobenzaprine is not supported by the guidelines for topical use and the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.