

Case Number:	CM15-0023907		
Date Assigned:	02/13/2015	Date of Injury:	04/30/2003
Decision Date:	04/02/2015	UR Denial Date:	01/20/2015
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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This woman sustained an industrial injury on 4/30/2003. The mechanism of injury is not detailed. Current diagnoses include cervical spine musculoligamentous sprain and bilateral carpal tunnel syndrome with right sided carpal tunnel release. Treatment has included oral medications. Physician notes dated 1/16/2015 show complaints of pain to the cervical spine, right hand, right wrist, left upper extremity, and numbness and tingling in the left ring and little finger. Recommendations include continuing the medications in dispute. On 1/20/2015, Utilization Review evaluated prescriptions for 30 gm Flurbiprofen 25% topical, 30 gm Cyclobenzaprine 10%, and Hydrocodone/APAP 5/325 mg #60 30 day supply, that were submitted on 1/29/2015. The UR physician noted the following: regarding the Hydrocodone/APAP, the documentation has very little discussion of functional goals or benefit to support continued therapy. Regarding Flurbiprofen and Cyclobenzaprine, these are recommended for short term use only, the rationale is not described, and topical use of muscle relaxants is not supported. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-APAP 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Hydrocodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Hydrocodone-APAP 5/325mg #60 is not medically necessary.

30gm Flurbiprofen 25% topical: 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.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Flurbiprofen topical is not supported by the MTUS. 30gm Flurbiprofen 25% topical gel is not medically necessary.

30gm Cyclobenzaprine 10%: 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: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. 30gm Cyclobenzaprine 10% is not medically necessary.