

Case Number:	CM15-0024568		
Date Assigned:	02/17/2015	Date of Injury:	01/10/2003
Decision Date:	04/07/2015	UR Denial Date:	02/06/2015
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 46-year-old female who reported an injury on 01/10/2003. The mechanism of injury was not specified. On 02/02/2015, the injured worker complained of stiffness and back pain. Rated 5/10 being the worst. The documentation also indicated the injured worker has noted substantial benefits from the medication and has no evidence of drug abuse or diversion, aberrant behavior, side effects or complaints. The last urine drug screen was performed on 10/31/2014. The injured worker was noted to be working full time due to the benefits of her medications. Her medications include Flexeril 10 mg, Norco 10/325 mg and a compound cream. The treatment plan included Flexeril 10 mg and a compound cream. A rationale is not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: According to the California MTUS Guidelines, Muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker was indicated to have been on Flexeril for an unspecified duration of time. However, there was lack of documentation in regards to an acute exacerbation or muscle spasms upon physical examination. Furthermore, the guidelines do not support prolonged use to diminish efficacy and the risk of dependence for medication use. In addition, the request as submitted failed to specify a frequency and quantity. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Keta/Clo/Gab/Lid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines, 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. The compound contains Ketoprofen, which is not currently FDA approved for a topical application and Gabapentin, which is also not supported for use due to lack of supporting evidence for use. Furthermore, the compound contains Lidocaine, which may be used for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). However, there are no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The injured worker was indicated to have been on the compound cream for an unspecified duration of time. However, there was lack of documentation to indicate the injured worker had failed a trial of antidepressants and anticonvulsants. Furthermore, the guidelines do not support the use of ketoprofen, gabapentin or renew Lyrica as in compound cream. Based on the above, the request is not supported by the evidence based guidelines. Furthermore, the request failed to specify a specific body region for treatment, dosage, frequency and quantity. As such, the request is not medically necessary,