

Case Number:	CM15-0036140		
Date Assigned:	03/04/2015	Date of Injury:	09/16/2014
Decision Date:	04/14/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/26/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 36-year-old male, who sustained an industrial injury on September 16, 2014. The diagnoses have included sprain of the lumbar region, sprain of the shoulder, and sprain of the elbow and forearm. Treatment to date has included medication, chiropractic therapy and diagnostic testing. Currently, the injured worker complains of low back and right shoulder pain. He rates the lumbar pain a seven on a 10-point scale and denies radicular symptoms. He reports that chiropractic therapy has reduced the pain and mildly increased his mobility. He reports taking less pain medication. He rates his right shoulder pain as an 8 on a 10-point scale and notes that the pain radiates to the right forearm. He has mildly improved functional mobility. On February 11, 2015 Utilization Review non-certified a request for purchase of a lumbosacral orthosis (LSO) brace and pharmacy purchase of cyclobenzaprine/tramadol cream with one refill, noting that there is no indication of instability or spondylolisthesis to indicate the medical necessity of an LSO brace and noting that the guidelines do not recommend the use of topical compounded creams. The California Medical Treatment Utilization Schedule, the Official Disability Guidelines and the ACOEM were cited. On February 26, 2015, the injured worker submitted an application for IMR for review of purchase of a lumbosacral orthosis (LSO) brace and pharmacy purchase of cyclobenzaprine/tramadol cream with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of a lumbosacral orthosis (LSO) brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 301.

Decision rationale: According to the MTUS/ACOEM chapter regarding low back pain, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case the patient has had an injury resulting in low back pain. The documentation supports that the patient has ongoing/chronic low back pain. The use of a lumbar support is not medically necessary.

Cyclobenzaprine - Tramadol cream with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 111-113.

Decision rationale: According to the MTUS section on chronic pain, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case topical cyclobenzaprine (a muscle relaxant) is not medically necessary.