

Case Number:	CM15-0043484		
Date Assigned:	03/13/2015	Date of Injury:	04/09/2014
Decision Date:	04/24/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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: Physical Medicine & Rehabilitation

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 32 year old female, who sustained a work related injury on 4/9/14. Her injury occurred from running across a yard, stumbling and twisting back. She had immediate pain to her lower back. The diagnoses have included lumbar spine sprain /strain with possible internal derangement, right leg radiculopathy and right sacroiliitis. Treatments to date have included CT scan lumbar spine dated 4/11/14, CT scan right hip dated 4/11/14, medications and physical therapy. In the Treating Orthopedic Evaluation dated 1/6/15, the injured worker complains of constant pain and stiffness to her lower back, lumbar spine, and pain that radiates into the right hip and down her right leg to ankle. She has numbness and tingling to lower right leg. She has tenderness to palpation of lumbar area musculature and right sacroiliac joint with spasm. She has referred pain to right buttock and right lower leg. She has limited range of motion of lower back. The treatment plan is to treat injured worker with symptomatic medications. The physician is requesting authorization for prescriptions for Ibuprofen, Flexeril and Prilosec. She will return in four weeks for re-evaluation. He is requesting authorization of a pain management specialist for evaluation and treatment. He is also requesting authorization of a MRI of the lumbar spine and EMG/NCS studies of lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers (for pain) Page(s): 64-66.

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

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for FLEXERIL 10MG #60. None of the reports mention medication. Per 01/06/15 progress report, the patient is currently not working. MTUS guidelines page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, the utilization review letter on 02/10/15 indicates that the patient has utilized this medication. There is no documentation of how long it is used and with what efficacy. The treater does not indicate that this medication is to be used for a short-term. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare ups. The request IS NOT medically necessary.

Compound Med - Flurbiprofen 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The patient presents with pain and weakness in her lower back and lower extremity. The request is for COMPOUND MED- FLURBIPROFEN 120MG. None of the reports mention medication. Per 01/06/15 progress report, the patient is currently not working. MTUS guideline page 111 recommends Non-steroidal anti-inflammatory agents (NSAIDs) as topical analgesics for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks)." In this case, this patient does not present with peripheral joint arthritis/tendinitis, which topical Flurbiprofen may be indicated for. The request IS NOT medically necessary.

Compound Med Ketoprofen 120mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: Regarding topical Ketoprofen, MTUS page 112 states, "Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. (Diaz, 2006) (Hindsen, 2006) Absorption of the drug depends on the base it is delivered in. (Gurol, 1996). Topical treatment can result in blood concentrations and systemic effect comparable to those from oral forms, and caution should be used for patients at risk, including those with renal failure. (Krummel 2000)" In this case, given the lack of support from MTUS for topical Ketoprofen product, the request IS NOT medically necessary.