

Case Number:	CM15-0045861		
Date Assigned:	03/18/2015	Date of Injury:	03/10/2014
Decision Date:	05/06/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/10/2015

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: Emergency 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 54-year-old female who reported an injury on 03/10/2014. The mechanism of injury was not specifically stated. The current diagnoses include cervical spine musculoligamentous strain with radiculitis, thoracic spine musculoligamentous strain, lumbar spine musculoligamentous strain with radiculitis, bilateral wrist strain, rule out left knee internal derangement, left knee immovable nontender mass, and depression. The latest physician progress report submitted for this review is documented on 01/21/2015. The injured worker presented with complaints of persistent pain over multiple areas of the body. Upon examination, there was grade 2 tenderness to palpation over the cervical, thoracic and lumbar spine. There was restricted range of motion with a positive cervical compression test, positive straight leg raise test bilaterally, and no change noted on neurocirculatory examination. There was also grade 1 tenderness to palpation over the bilateral wrists and hands and grade 2 tenderness to palpation with a positive McMurray's sign on the left knee. Recommendations included physical therapy twice per week for 6 weeks and continuation of Prilosec 20 mg, naproxen, cyclobenzaprine 7.5 mg, Motrin 600 mg, and compounded creams. The injured worker was also referred for an MRI of the lumbar spine. A Request for Authorization form was then submitted on 01/21/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 105, compounded, 180 grams: Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to support the use of an anti-epilepsy drug as a topical product. Muscle relaxants are also not recommended for topical use. In addition, there is no frequency listed in the request. Given the above, the request is not medically appropriate.

Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%, compounded 180 grams: Upheld

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

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. Lidocaine is not recommended in the form of a cream, lotion or gel. In addition, there was no frequency listed in the request. As such, the request is not medically appropriate.

Fexmid 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 10/2014. There was no documentation of palpable muscle spasm or spasticity upon examination. Guidelines do not support long term use of muscle relaxants. Given the above, the request is not medically appropriate at this time.

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There was also no frequency or a quantity listed in the request. Given the above, the request is not medically appropriate.

Additional Physical Therapy visits 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Physical medicine treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for unspecified neuralgia, neuritis and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 12 sessions of physical therapy would exceed guideline recommendations. Additionally, the request as submitted failed to indicate the specific body part to be treated. Given the above, the request is not medically appropriate.

Motrin 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, it was noted on 01/21/2015, the injured worker is utilizing naproxen as well as Motrin 600 mg. The medical necessity for 2 separate NSAIDs has not been

established. Guidelines do not support long term use of NSAIDs. There was no frequency or quantity listed in the request. As such, the request is not medically appropriate.