MAXIMUS Federal Services

Case Number:	CM15-0059121		
Date Assigned:	04/03/2015	Date of Injury:	11/06/2014
Decision Date:	05/11/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/27/2015

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 21 year old female, who sustained an industrial injury on 11/6/2014. She reported low back pain. Diagnoses have included lumbar spine sprain and strain and clinical left lower extremity radiculopathy. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine medication. According to the orthopedic evaluation dated 2/10/2015, the injured worker complained of constant pain and stiffness to her low back, radiating down the left leg. Currents meds included Tylenol and hydrocodone. Exam of the lumbar spine revealed tenderness to palpation with spasticity. Range of motion of the lumbar spine was limited. Authorization was requested for Tylenol #3, Flexeril, Flurbiprofen and Ketoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg, #30: Upheld

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

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

Decision rationale: According to the 02/10/2015 report, this patient presents with constant pain and stiffness to the low back with radiating pain down the left leg. The current request is for Flexeril 7.5mg, #30. The request for authorization is not included in the file for review. The patient's work status is temporarily totally disabled. For muscle relaxants for pain, the MTUS Guidelines page 63 state recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement. A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of the available records indicate that this medication is been prescribed longer then the recommended 2-3 weeks. The treating physician is requesting Flexeril #30 and it is unknown exactly when the patient initially started taking this medication. Flexeril is not recommended for long term use. The treater does not mention that this is for a short-term use to address a flare-up or an exacerbation. Therefore, the current request IS NOT medically necessary.

Flurbiprofen 120gm: Upheld

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

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

Decision rationale: According to the 02/10/2015 report, this patient presents with constant pain and stiffness to the low back with radiating pain down the left leg. The current request is for Flurbiprofen 120gm. The request for authorization is not included in the file for review. The patient's work status is temporarily totally disabled. The MTUS guidelines do not support the usage of Flurbiprofen (NSAID) for the treatment of spine, hip, shoulder or neuropathic pain. NSAID topical anlgesics are indicated for osteoarthritis and tendinitis of the knee and elbow or other joints that are amenable to topical treatment. In this case, this patient presents with lumbar pain for which topical NSAID is not indicated. Therefore, the current request IS NOT medically necessary.

Ketoprofen 120gm: Upheld

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

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

Decision rationale: According to the 02/10/2015 report, this patient presents with constant pain and stiffness to the low back with radiating pain down the left leg. The current request is for Ketoprofen 120gm. The request for authorization is not included in the file for review. The

patient's work status is temporarily totally disabled. Regarding Ketoprofen topical cream, MTUS states Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photocontact dermatitis. (Diaz, 2006) (Hindsen, 2006). In this case, Ketoprofen is not recommended for topical formulation. The current request IS NOT medically necessary.