

Case Number:	CM15-0089535		
Date Assigned:	05/13/2015	Date of Injury:	10/27/2014
Decision Date:	06/16/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/08/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 37-year-old male, who sustained an industrial injury on October 27, 2014. He reported left ankle and lower back injuries. The injured worker was diagnosed as having chondromalacia patellae, internal derangement knee, joint derangement not otherwise specified - ankle, lumbar disc displacement, and lumbosacral neuritis. Diagnostic studies to date have included MRIs, x-rays, and electromyography/nerve conduction studies of the lower extremities. Treatment to date has included a wheelchair, and medications including oral pain, topical pain, proton pump inhibitor, and muscle relaxant. On March 4, 2015, the injured worker complains of constant, moderate achy pain of the low back, left knee, and left ankle. The injured worker was in a wheelchair. The physical exam revealed decreased lumbar range of motion, tenderness and spasm of the lumbar paravertebral muscles, and a positive left straight leg raise. There was normal left knee range of motion, tenderness and muscle spasm of the anterior knee, a positive McMurray's sign, negative valgus and varus, and negative anterior and posterior drawer tests. There was normal left ankle range of motion, tenderness of the anterior and lateral ankle, and negative anterior and posterior drawer tests. The left lower extremity motor strength was decreased. The deep tendon reflexes were normal in the bilateral lower extremities. The treatment plan includes a wheelchair due to bilateral lower extremities weakness and a spinal surgeon consultation and treatment. The requested treatments are Cyclobenzaprine and Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Menthol 2%/Dexamethasone Micro 0.2%/Capsaicin 0.025%/Hyaluronic Acid 0.2% cream base.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 7.5mg, #90: 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: The patient is a 37-year-old male with an injury to his left ankle and low back on 10/27/2014. He also had chondromalacia patella of the left knee. On 03/04/2015, he had left knee, left ankle and low back pain. Left lower extremity strength was decreased. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. In addition, the addition of muscle relaxants to patients already treated with NSAIDS does not improve pain relief. Long-term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.

Flurbiprofen 20%, Baclofen 5%, camphor 2%, Menthol 2%, Dexamethasone Micro 0.2%, Capsaicin 0.25%, Hyaluronic Acid 0.2%, Cream base: 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 Analgesics Page(s): 111 - 113.

Decision rationale: The patient is a 37-year-old male with an injury to his left ankle and low back on 10/27/2014. He also had chondromalacia patella of the left knee. On 03/04/2015, he had left knee, left ankle and low back pain. Left lower extremity strength was decreased. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Menthol, which is not recommended; thus the requested compound topical analgesic medication is not medically necessary.

Amitriptyline HCL 10%, Gabapentin 10%, Bupivacaine HCL 5%, Hyaluronic Acid 0.2%: 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 analgesics Page(s): 111 - 113.

Decision rationale: The patient is a 37-year-old male with an injury to his left ankle and low back on 10/27/2014. He also had chondromalacia patella of the left knee. On 03/04/2015, he had left knee, left ankle and low back pain. Left lower extremity strength was decreased. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Gabapentin, which is not recommended; thus the requested compound topical analgesic medication is not medically necessary.