

Case Number:	CM14-0111107		
Date Assigned:	08/01/2014	Date of Injury:	03/25/2014
Decision Date:	10/03/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 45 year old patient had a date of injury on 3/25/2014. The mechanism of injury was being rear ended and pushed into the car ahead. In a progress noted dated 4/28/2014, subjective findings included pain in mid t spine area especially with 30 minutes of computer work. She also complains of radiating pain from low back down to right gluteal area as well as numbness in the right 4th and 5th fingers and plantar aspect of the right foot but not as intense. On a physical exam dated 4/28/2014, objective findings included unable to move head/neck in all planes without pain increasing. There is increased inflammation in the facet joints in the C/sp restricting motion without pain. Diagnostic impression shows muscle spasms in C/sp and T/sp PV muscles and bilateral UT. Treatment to date: medication therapy, behavioral modification. A UR decision dated 6/19/2014 denied the request for flurbiprofen/cyclobenzaprine #180, stating that muscle relaxants are not recommended, and since it contains at least 1 drug unsupported by evidence based guidelines, it is not recommended. Soma 350mg #60 was denied, stating no evidence of spasm and this patient has been on it since at least 4/14/2014. Zofran 4mg #60 was denied, stating no history of cancer treatment or in immediate postoperative setting. Furthermore, there were no complaints of nausea.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for flurbiprofen/cyclobenzaprine/menthol cream, 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications, Non-steroidal anti-inflammatory agents (NSAID).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In the progress report dated 4/28/2014, there was no discussion of failure of a 1st line oral analgesic. Furthermore, CA MTUS Chronic Pain Medical Treatment Guidelines do not support cyclobenzaprine for topical applications. Therefore, the request for cyclobenzaprine/flurbiprofen/menthol cream #180 is not medically necessary.

Soma 350 mg, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25,65.

Decision rationale: CA MTUS states that Soma is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. This patient has been on Soma since at least 4/2014, and guidelines do not support long term use. Furthermore, Soma is known to augment the effects of opioids, and the patient is noted to be on Norco. Therefore, the request for Soma 350mg #60 is not medically necessary.

Zofran 4 mg, quantity 60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA:Zofran

Decision rationale: MTUS and ODG do not apply. The FDA states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation

therapy and surgery. In the reports viewed, there was no documentation this patient is undergoing cancer chemotherapy, radiation therapy or surgery. Furthermore, this patient is not noted to have nausea in the 4/28/2014 progress report. Therefore, the request fro Zofran 4mg #60 is not medically necessary.