

Case Number:	CM14-0111152		
Date Assigned:	08/01/2014	Date of Injury:	08/17/2011
Decision Date:	09/26/2014	UR Denial Date:	06/16/2014
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 Physical Medicine & Rehabilitation, and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 46 year old female was reportedly injured on August 17, 2011. The mechanism of injury is undisclosed. The most recent progress note, dated June 26, 2014, indicated that there were ongoing complaints of shoulder and wrist pains. The physical examination demonstrated swelling, inflammation, and a restricted range of motion. Diagnostic imaging studies were requested. Previous treatment included multiple medications and pain management interventions. A request was made for multiple medications and was not certified in the preauthorization process on June 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10 mg. #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, updated August 2014.

Decision rationale: The parameters noted in the Official Disability Guidelines (ODG) were used. There is a clinical indication for this medication for a short term intervention (two to six weeks) and there is no clinical indication for indefinite or chronic use. This medication is specifically not recommended for long term use. Noting that proper sleep hygiene is crucial in chronic pain management, it is to be objectification of the efficacy and improvement in the overall sleep hygiene. Seeing none, the medical necessity for this medication has not been established. Therefore, this request is not medically necessary.

Norflex 100 mg. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 65 of 127 Page(s): 65 of 127.

Decision rationale: This drug is similar to Diphenhydramine but has greater anticholinergic effects. The mode of action is not clearly understood. This is used to treat painful muscle spasms and Parkinson's disease. There is an abuse potential noted, and the progress notes presented for review do not indicate any efficacy or utility with uses medication. Therefore, this request is not medically necessary.

Flurbiprofen/Lidocaine Cream, 30gm/25%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page 112 of 127 Page(s): 112 of 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines state that topical analgesics are largely experimental and any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended. The guidelines note there is little evidence to support the use of topical non-steroidal anti-inflammatory drugs (NSAIDs) i.e. Flurbiprofen for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support the use for neuropathic pain. Therefore, given the clinical data presented and by the lack of any objectified efficacy with use of this preparation, the medical necessity has not been established. Therefore, this request is not medically necessary.