MAXIMUS Federal Services

Case Number:	CM14-0118497		
Date Assigned:	08/06/2014	Date of Injury:	11/08/2008
Decision Date:	10/17/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/29/2014

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 and 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 43 year-old male was reportedly injured on November 8, 2008. The mechanism of injury is noted as a fall from a ladder type event. The most recent progress note, dated July 28, 2014, indicates that there were ongoing complaints of neck pain (described as moderate/severe). Also noted are complaints of left shoulder pain. The physical examination demonstrated a 5'4", 140 pound individual in no acute distress. The completed allotted examination was deferred. A decrease in cervical spine range of motion is reported and positive cervical compression testing is noted. A decrease in lumbar spine range of motion is noted and there is tenderness to palpation. Diagnostic imaging studies were not addressed. Previous treatment includes multiple medications and conservative care. A request had been made for topical medications and was not certified in the pre-authorization process on July 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 20% 165gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: As outlined in the MTUS, there is support for topical non-steroidal and a short-term. Therefore, when considering the date of injury, the injury sustained, and the current political complaints of lack of specific directions where this is to be applied, there is insufficient clinical information presented to support this request.

Cyclobenzaprine 5% 100gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

Decision rationale: As noted in the MTUS, topical preparations such as this for shelter muscle relaxants are to be largely experimental. Furthermore, when noting the multiple complaints and the lack of any specific physical examination findings or directions as to what is to be applied is insufficient clinical information presented to support this request. This is not medically necessary.

Synapryn 10mg/1ml 500ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in overall functionality or decrease in pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.

Tabradol 1mg/250ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41,64.

Decision rationale: This is a moral suspension of the medication Cyclobenzaprine. Cyclobenzaprine is a skeletal muscle relaxant not indicated for chronic, long-term, or indefinite use. The side effect profile speaks against us. In that there is no documentation presented of a

sudden onset or increasing "flair" of skeletal muscle issues, there is insufficient clinical information presented to support this request.

Deprizine 15 mg/250ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: This is a protein pump inhibitor useful for the treatment of gastroesophageal reflux disease. This can also uses a protectorate for those individuals taking non-steroidal medications. However, when noting the date of injury, the multiple complaints, and the lack of specific complaints relative to gastroesophageal symptomology, there is insufficient clinical data presented to support the request of this medication. Accordingly, this is not medically necessary.

Dicopanol 5mg/150ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Orphenadrine is used to treat painful muscle spasms and Parkinson's. The combination of anti-cholinergic effects and CNS penetration make it very useful for pain of all etiologies including radiculopathy, muscle pain, neuropathic pain and various types of headaches. It is also useful as an alternative to Gabapentin for those who are intolerant of the Gabapentin side effects. Based on the clinical documentation provided, the clinician does not document trials of any previous anticonvulsant medications or medications for chronic pain such as Gabapentin. Given the MTUS recommendations that this be utilized as a second line agent, the request is deemed not medically necessary.

Fanatrex 25mg/420ml: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This is a topical preparation of a medication Gabapentin. Gerberding can be supported in treating painful diabetic neuropathy or postherpetic neuralgia is. However, there

is no data to suggest or peer-reviewed literature to support the use of a topical formulation. Therefore, this is not clinically indicated.

Terocin patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105,112.

Decision rationale: Terocin is a topical analgesic containing Lidocaine and Menthol. MTUS guidelines support topical Lidocaine as a secondary option for neuropathic pain after a trial of an antiepileptic drug or anti-depressants have failed. There is no evidence-based recommendation or support for Menthol. MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". As such, this request is considered not medically necessary.

MRI of the bran, MRI of the Temporomandibular joint: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Updated August 2014

Decision rationale: As outlined in the ODG (MTUS and ACOEM guidelines do not address) there are certain limited indications for the use of such a study. Therefore, when considering the date of injury, the mechanism of injury, the current clinical examination and there is no unexplained neurologic deficits or findings that are not explained by CT, and there is no long enteral of the Serb consciousness, there is insufficient clinical data presented to support this request.

MRA of the brain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Updated August, 2014

Decision rationale: As outlined in the ODG (MTUS and ACOEM do not address) the clinical indication for the study are close head injury to lower carina vertebral artery dissection, a

penetrating injury or find a focal neurologic deficit. None of these parameters noted to just distal to the examination reported. As such, this is not clinically indicated.

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Updated October, 2014.

Decision rationale: When noting the criterion for sleep study as outlined in the ODG (ACOEM and MTUS do not address) the criterion are not met. Therefore, based on the current clinical information presented for review tempered by the date of injury and the findings a physical examination there is insufficient clinical information presented to support this request. Medical necessity cannot be established.