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| Case Number: | CM14-0120418 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 07/15/2013 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 07/11/2014 |
| Priority: | Standard | Application Received: | 07/30/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 48-year-old female who reported an injury on 07/15/2013. The mechanism of injury was not provided. On 08/04/2014, the injured worker presented with increased function and a 50% decrease in pain and status post lumbar epidural steroid injection 05/21/2014. Upon examination, there was improved range of motion with a positive left sided straight leg raise and decreased sensation at the L4-S1. Diagnoses were lumbar radiculitis, lumbar disc bulge L4-5 and L5-S1, and status post lumbar epidural steroid injection with moderate relief. The provider recommended pain management physician continue treatment, and flurbiprofen/cyclobenzaprine/menthol cream, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management physician continued treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter, office visits

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

Decision rationale: The request for Pain management physician continued treatment is not medically necessary. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, and clinical stability. Injured workers conditions are extremely varied and a set number of office visits per condition cannot be reasonably established. The determination of necessity of an office visit requires individualized case review and assessment, being ever mindful that the best injured worker's outcomes are achieved with the eventual patient independence from the healthcare system through self care as soon as clinically feasible. The provider does not indicate the amount of followup visits in the request as submitted. Additionally, the provider did not provide a rationale for the pain management treatment. As such, medical necessity has not been established.

Flurbiprofen/Cyclobenzaprine/Menthol cream 20/10/4%, #180 grams: Upheld

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

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

Decision rationale: The request for Flurbiprofen/Cyclobenzaprine/Menthol cream 20/10/4%, #180 grams is not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or 1 drug class that is not recommended, is not recommended. The guidelines note muscle relaxants are not recommended for topical applications. Topical NSAIDs are recommended for osteoarthritis and tendonitis for joints amenable for topical treatment. There is lack of documentation that the injured worker had failed the trial of an antidepressant or anticonvulsant. Additionally, the provider's request does not indicate the site at which the cream is indicated for in the request as submitted. The frequency was not provided. As such, medical necessity has not been established.