

Case Number:	CM14-0083332		
Date Assigned:	07/21/2014	Date of Injury:	08/01/2013
Decision Date:	10/15/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/03/2014

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 34-year-old female was reportedly injured on June 1, 2013. The most recent progress note, dated May 22, 2014, indicates that there are ongoing complaints of low back pain and left knee pain as well as right elbow pain. Current medications include Norco and Prosom. The physical examination demonstrated some tenderness over the lumbar spine facets and a normal lower extremity neurological examination. There was tenderness at the peripatellar region of the left knee and over the joint lines. Diagnostic imaging studies of the lumbar spine revealed spondylosis and facet changes at L4-L5 and L5-S1. Previous treatment includes a lumbar spine radiofrequency nerve ablation. A request had been made for Prosom and a topical compound of Flurbiprofen/Tramadol was not certified in the pre-authorization process on May 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro prosom 2mg 1PO qhs Qty 30x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Prosom is a benzodiazepine indicated for short-term treatment of insomnia. The California MTUS guidelines do not support benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. According to the attached medical record the injured employee has been taking this medication for an extended period of time and this is another request for 60 tablets. Considering this, this request for Prosom is not medically necessary.

compound Fluribiprofen/Tramadol: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only topical analgesic medications indicated for usage include anti-inflammatories, Lidocaine, and capsaicin. There is no known efficacy of any other topical agents to include Tramadol. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Flurbiprofen/Tramadol is not medically necessary.