MAXIMUS Federal Services

Case Number:	CM14-0090096		
Date Assigned:	06/20/2014	Date of Injury:	01/23/2013
Decision Date:	08/05/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/16/2014

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 Neurological Surgery 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:

The injured worker is a 47-year-old male who was reportedly injured on January 23, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated April 15, 2014, indicated that there were ongoing complaints of low back pain and difficulty sleeping. The physical examination demonstrated 5'5 193 pound individual in no acute distress. A decrease in lumbar spine range of motion was reported as well as tenderness to palpation and some muscle spasm. Multiple medications were dispensed to address the pain complaints. Diagnostic imaging studies objectified a horizontal tear of the medial meniscus. Previous treatment included knee surgery and physical therapy. A request had been made for the medication Hydrocodone and was not certified in the pre-authorization process on May 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP/Ondansetron 7.5%/300/2mg #60: Upheld

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

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

Decision rationale: As outlined in the MTUS, it is noted that compounded topical preparations are largely experimental, and if any single component is not clinically indicated, the entirety of the preparation is not clinically indicated. Oral opioid analgesics are being dispensed; there was no indication for a topical Hydrocodone. Therefore, based on the medical information presented for review, this request is not medically necessary.

Flurbiprofen/Cyclobenzaprine/Menthol cream 20%/10%/4% 180gm: 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): 111-113 OF 127.

Decision rationale: As outlined in the MTUS, it is noted that compounded topical preparations are largely experimental and if any single component is not clinically indicated, the entirety of the preparation is not clinically indicated. There was no indication for a muscle relaxant, or findings on physical examination to support this preparation, and therefore based on the medical information presented for review, this request is not medically necessary.