

Case Number:	CM14-0091083		
Date Assigned:	07/25/2014	Date of Injury:	01/11/1996
Decision Date:	09/12/2014	UR Denial Date:	05/14/2014
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: Occupational Medicine 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:

This patient is a 57-years old male who developed low back pain subsequent to an injury dated 1/11/96. He is diagnosed with chronic low back pain and degenerative disc disease. The pain is reported to be increased with activity, cold weather and has a right leg radiculitis component. No VAS scores are reported. No response to medications is documented. He is seen every few months for dispensing of medications which includes topical compounds, Soma, Glucosamine and NSAID's.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Medication: Flurbiprofen 15 gm. Tube and 60 gm. Tube: QTY: 1: 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 Topical Analgesics Page(s): 111-112.

Decision rationale: MTUS Guidelines are very specific regarding the use of topical analgesics. The Guidelines state that if an ingredient is not FDA approved for topical use the compound is not recommended. Flurbiprofen is not FDA approved for topical use. There are no unusual

circumstances to justify an exception to Guideline recommendations. The Flurbiprofen is not medically necessary.

Soma 350 mg. QTY: 360: 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 Carisoprodol (Soma) Page(s): 29.

Decision rationale: MTUS Guidelines are very specific that Soma (Carisoprodol) is not a recommended drug for long term use. This recommendation is due to its side effects and highly addictive nature. There are no unusual circumstances to justify an exception to Guidelines. The Soma is not medically necessary.

Glucosamine 500 mg./400 mg. QTY: 360: 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) , Low Back, Glucosamine.

Decision rationale: MTUS Guidelines does not address this compound. ODG Guidelines specifically address its potential use for low back pain and the Guidelines do not recommend its use. Guidelines note that studies show no benefits versus a placebo for low back pain. The Glucosamine 500mg/400mg is not medically necessary.