

Case Number:	CM14-0099372		
Date Assigned:	07/28/2014	Date of Injury:	02/08/2013
Decision Date:	10/08/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/27/2014

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 has developed chronic low back pain subsequent to an injury dated 2/08/13. The only records sent for IMR review are the 6/5/14 utilization review report and an MRI dated 6/5/13. The MRI is consistent with a right sided radiculopathy and there is a note that states electrodiagnostics were consistent with a radiculopathy. The treaters notes have not been sent for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, Magnetic Resonance Imaging.

Decision rationale: MTUS Guidelines do not address the specific issue of repeat MRI studies, but ODG Guidelines do and they support repeat testing if there are new neurological changes. With the prior study over a year ago showing a potential peripheral nerve myelopathy it is reasonable to assume the neurological condition has worsened. There are no records sent that

contradict this assumption. Given the scant records sent to be reviewed the request is medically necessary.

Relafen 500mg QTY unspecified: Overturned

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 NSIADs, Page(s): 67, 68, 68..

Decision rationale: MTUS Guidelines support the use of NSAIDs if the results are consistent with treatment goals and no contradicting information was sent for review. Under these circumstances the Relafen is medically necessary.

Baclofen 10mg QTY unspecified: Overturned

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): 63, 64.

Decision rationale: MTUS Guidelines support the use of Baclofen for neuropathic pain. The MRI results are consistent with probable component of neuropathic pain. There is no information sent for review that documents the lack of benefits. Under these circumstances the Baclofen is medically necessary.

Flubiprofen/ Camphor/Menthol/ Capsaicin QTY unspecified: 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 recommended use of topical analgesics. If one of the ingredients is not FDA approved for topical use the compound is not recommended. This compound contains over the counter products plus Flurbiprofen, which is not FDA approved for topical use. In addition the use of a topical NSAID and oral NSAID is not recommended. The compounded Flubiprofen/ Camphor/Menthol/ Capsaicin is not Quideline supported and there are no exception circumstances to justify an exception. The compound request is not medically necessary.