

Case Number:	CM14-0188938		
Date Assigned:	11/19/2014	Date of Injury:	06/09/2014
Decision Date:	05/22/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56-year-old male who reported an injury on 06/09/2014. The mechanism of injury was not provided. His diagnoses included sprain of neck. Past treatments were noted to include medications, physical therapy, and injections. On 10/22/2014, it was noted that the injured worker had complaints of pain to the neck, mid/upper back, low back, and bilateral shoulders/arms. He rated his pain 6/10 to 7/10. Upon physical examination, it was noted that the injured worker had tenderness to the cervical, thoracic, and lumbar spine as well as bilateral shoulders and arms. Medications were not included in the report. The treatment plan included physical therapy, medications, imaging, and injections. A request was received for 60 tablets of Motrin 600 mg between 10/28/2014 and 12/12/2014; 1 container of TGHOT 180 grams between 10/28/2014 and 12/12/2014; 60 tablets of cyclobenzaprine 7.5 mg between 10/28/2014 and 12/12/2014; and 1 container of FluriFlex 180 grams between 10/28/2014 and 12/12/2014 in order to minimize possible neurovascular complications and avoid complications associated with the use of narcotic medications and NSAIDs. A Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Motrin 600mg between 10/28/2014 and 12/12/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: According to the California MTUS Guidelines, NSAIDs are recommended for short-term symptomatic relief. The clinical documentation submitted for review indicated the injured worker had complaints of pain to multiple body regions. However, there was no documentation noting efficacy of the use of this medication in terms of pain relief and functional improvement. Consequently, the request is not supported. Moreover, the request did not specify duration and frequency of use. As such, the request for 60 tablets of Motrin 600 mg between 10/28/2014 and 12/12/2014 is not medically necessary.

1 Container of TGHot 180 grams between 10/28/2014 and 12/12/2014: 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): 111-112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical documentation submitted for review did not indicate that this injured worker had failed antidepressants and anticonvulsants. Additionally, the request did not specify the body region, frequency, or duration of use. As such, the request for TGHot 180 grams between 10/28/2014 and 12/12/2014 is not medically necessary.

60 Tablets of Cyclobenzaprine 7.5mg between 10/28/2014 and 12/12/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: According to the California MTUS Guidelines, cyclobenzaprine is not indicated for more than 3 weeks. The clinical documentation submitted for review did not indicate how long the injured worker had been on this medication and its efficacy was not documented in terms of pain relief, decreased spasms, and functional improvement. Consequently, the request is not supported by the evidence-based guidelines. Moreover, the request did not specify a duration and frequency of use. As such, the request for 60 tablets of cyclobenzaprine 7.5 mg between 10/28/2014 and 12/12/2014 is not medically necessary.

1 Container of Fluriflex 180 grams between 10/28/2014 and 12/12/2014: 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 Topicals Analgesics Page(s): 111-112.

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended when trials of antidepressants and anticonvulsants have failed. The guidelines go on to state that when any 1 medication in a compounded product is not recommended, the entire compounded product is then not recommended. Furthermore, the guidelines indicate that topical NSAIDs are recommended for osteoarthritis and tendinitis of the knee and elbow. The documentation submitted for review did not indicate the injured worker had failed antidepressants and anticonvulsants. Additionally, the request did not specify a duration, frequency, and body region this was to be applied to. Consequently, the request is not supported. As such, the request for 1 container of FluriFlex 180 grams between 10/28/2014 and 12/12/2014 is not medically necessary.