

Case Number:	CM15-0012847		
Date Assigned:	01/30/2015	Date of Injury:	04/11/2011
Decision Date:	03/27/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/22/2015

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

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 32-year-old male who reported injury on 04/11/2011. The mechanism of injury was not provided. Surgical history included a left femoral fracture status post open reduction internal fixation. The injured worker was noted to be utilizing muscle relaxants and opiates since 2012. The injured worker underwent a nerve conduction study which was noncontributory to the request. There was a Request for Authorization submitted for review dated 01/09/2015. The documentation of 01/09/2015 revealed the injured worker had increased low back pain and left leg pain contributed by the cold weather. The injured worker had tenderness to palpation in the left lower extremity surgical scar and in the lumbar paraspinal muscles there were spasms. The diagnoses included thoracic and lumbar sprain and strain, chronic myofascial pain, status post left finger surgery for 2011. The request was made for a continuation of the home exercise program and TENS unit, heat therapy, Flexeril as needed, and naproxen, LidoPro, and TENS patches x2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 prescription of Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2012. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. The date of request for the retrospective request was not provided. Given the above and the lack of documentation of exceptional factors, the retrospective request for 1 prescription of cyclobenzaprine 7.5 mg #60 is not medically necessary.

Retrospective request for 1 prescription of Fenoprofen 400mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDs are recommended for the short term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had pain. However, the request as submitted failed to indicate the frequency as well as the date of service being requested. This medication would not be supported as there is a lack of documentation of objective functional improvement and an objective decrease in pain with the use of the medication. Given the above, the retrospective request for 1 prescription of Fenoprofen 400 mg #60 is not medically necessary.

Retrospective request for 2 prescription of Menthoderm gel, 120g: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Salicylate topical

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Topical Salicylates Page(s): 111; 105.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of

antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. They further indicate that topical salicylates are appropriate for the treatment of pain. The clinical documentation submitted for review failed to indicate the injured worker had a trial of antidepressants and anticonvulsants. There was a lack of documentation indicating a necessity for 2 prescriptions of Methoderm gel. The request as submitted failed to indicate the frequency, body part and the date of service being requested. Given the above and the lack of documentation, the retrospective request for 2 prescription of Methoderm gel 120 g is not medically necessary.

Retrospective request for 2 pairs of TENS electrodes: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 114-116.

Decision rationale: The California Medical Treatment Utilization Schedule recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The clinical documentation submitted for review indicated the injured worker had utilized the TENS unit. However, the objective functional benefit and the objective decrease in pain were not provided. As such, there would be no necessity for TENS electrodes. Additionally, the request as submitted failed to indicate the date for the request. Given the above, the retrospective request for 2 pairs of TENS electrodes is not medically necessary.