

Case Number:	CM15-0112514		
Date Assigned:	06/24/2015	Date of Injury:	05/14/2013
Decision Date:	07/29/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/11/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 48 year old, female who sustained a work related injury on 5/14/13. She was bent forward grabbing some ice when a coworker pulled the trash can to the side without noticing that it was holding up some metal pipes and the pipes fell down to her head and neck. The diagnoses have included cervical disc disease and cervical radiculopathy. Treatments have included physical therapy, oral medications, medicated cream, over the counter Ibuprofen and Advil and chiropractic treatments. In the Comprehensive Pain Management Consultation Report dated 5/1/15, the injured worker complains of cervical spine pain. She rates her pain level a 7/10. The pain is described as dull, achy, throbbing and pressure. She has pain that radiates up to head with associated stiffness and a lot of pressure aches radiating down both shoulders. There is tenderness and spasm noted over the cervical paravertebral muscles extending to the bilateral trapezius muscles. She has facet tenderness over C3 through C7 levels. She has decreased range of motion in cervical spine. The treatment plan includes prescriptions for Tylenol #3, Motrin, Protonix and Flexeril. She is also started on a topical analgesic cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #3, 60 tablets: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-78.

Decision rationale: Per the CA MTUS guidelines, Tylenol #3 is a combination of acetaminophen and Codeine. For use in chronic back pain, "appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. She is noted to be taking over-the-counter ibuprofen and Advil for pain control. These medications are ineffective in her pain control. Since the use of non-steroidal anti-inflammatory medications have been unsuccessful in helping to control her pain, the request for Tylenol #3 is medically necessary.

Motrin 800mg, 60 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-70.

Decision rationale: Per the MTUS guidelines, NSAIDS, such as Motrin, are recommended at the lowest dose for the shortest period of time for a client who has moderate to severe pain. They are recommended for osteoarthritis pain and chronic back pain for short-term symptomatic pain relief. There is no documentation on how long she has been taking Motrin or in what dosage and frequency. There is no documentation noting how well the Motrin is working, if she is receiving pain relief, if there is an improvement in her pain or if she has any functional improvement related to the medication. The dosing instructions on how to take the Motrin are 800mg twice daily going forward. Without a prior dosage and frequency it is impossible to determine if this is an increase in therapy and therefore, the request for Motrin is not medically necessary.

Flexeril 10mg, 60 tablets: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 60-64.

Decision rationale: Per MTUS guidelines, "recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Evidence does not recommend Flexeril (Cyclobenzaprine) for chronic use. It is recommended for treatment for two to three weeks. There is evidence of spasm in the cervical spine extending into the trapezius muscles. The prescription of Flexeril for relief of the muscle spasms is warranted for a short course. The request is medically necessary.

Topical Analgesic: Flurbiprofen 20%, Baclofen 10%, Dexamethasone Micro 0.2%, Hyaluronic Acid 0.2% in Cream Base, 240-grams: Upheld

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

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

Decision rationale: Per MTUS guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. In this case, there is no documentation that this patient has failed a trial of oral anti-epileptics and antidepressants to support the use of topical analgesics. Dexamethasone, flurbiprofen, and baclofen are not FDA approved for topical use. Hyaluronic acid is FDA approved for topical use for skin ulcers and wounds. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the request for topical analgesic cream that includes flurbiprofen 20%, baclofen 10%, dexamethasone micro 0.2% and hyaluronic acid 0.2% is not medically necessary.