

Case Number:	CM15-0113196		
Date Assigned:	06/19/2015	Date of Injury:	03/25/2008
Decision Date:	07/22/2015	UR Denial Date:	05/15/2015
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: California

Certification(s)/Specialty: Emergency 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:

This 54 year old female sustained an industrial injury to the shoulders, wrists/hands, knees, neck and back via cumulative trauma from 11/17/10 to 11/12/12. Documentation did not disclose recent magnetic resonance imaging or previous treatments. X-rays of bilateral knees showed loss of cartilaginous surface bilaterally. In a PR-2 dated 4/17/15, the injured worker reported having a significant and substantial flare up of left knee pain. The injured worker had a mishap at home that was related to her bed breaking which aggravated her fibromyalgia and back pain. The injured worker had to sleep on an air mattress. The injured worker also complained of back pain, left ankle pain and neck pain. The injured worker rated her pain 9-10/10 on the visual analog scale. Current diagnoses included fibromyalgia, cervical brachial syndrome with chronic neck sprain/strain, chronic low back pain and strain, upper extremity overuse tendinopathy and left knee internal derangement. The injured worker had fluid aspirated from the left knee and received a left knee injection during the office visit. The treatment plan included a prescription for a queen-sized adjustable bed, renewing Tramadol and Voltaren and a prescription for topical compound cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Queen-sized adjustable mattress: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

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-Thoracic and Lumbar), Mattress Selection.

Decision rationale: MTUS Chronic pain guidelines and ACOEM guidelines do not adequately address this topic. Patient has chronic low back pains with complaints of poor sleep. No details of sleep problem was provided. Patient's bed is reportedly broken and patient is reportedly sleeping on an air mattress. There is no documentation that other causes of sleep such as habit related, psychiatric, sleep apnea or poor pain control has been adequately assessed before blaming patient's sleep problems on the bed. According to the Official Disability Guideline (ODG), mattress selection is subjective and is not recommended due to lack of evidence to support any special mattress selection in low back pain. As per ODG, mattress selection and comfort appears to be purely subjective and is therefore not medically necessary.

Flurbiprofen 10%/ Ketoprofen 10%/ Cyclobenzaprine 4%/ Capsaicin 0.0375%/ Menthol 2%/ Camphor 2% cream 240 gm apply one to two grams to the affected area three to four times per day: 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: As per MTUS guidelines "Any compound product that contains a drug or drug class that is not recommended is not recommended." 1) Ketoprofen: Not FDA approved for topical applications. The use of a non-FDA approved application of a medication when there are multiple other topical NSAIDs is not medically necessary. It is also compounded with another topical NSAID leading to risk of toxicity. Not recommended. 2) Cyclobenzaprine: Not recommended for topical application. It is not FDA approved for topical application. 3) Flurbiprofen: Shown to be superior to placebo. It should not be used long term. It may be useful. Flurbiprofen is not FDA approved for topical application. There is no justification by the provider as to why the patient requires a non-FDA approved compounded NSAID when there are multiple other approved products including over the counter medications on the market. It is also compounded with another NSAID leading to risk for toxicity. Flurbiprofen is not medically necessary. 4) Capsaicin: Data shows efficacy in muscular skeletal pain and may be considered if conventional therapy is ineffective. There is no documentation of treatment failure or a successful trial of capsaicin. It is not recommended. 5) Camphor/Menthol: Non active fillers that may have some topical soothing properties. Not a single component of this topical compounded product is recommended. The request is not medically necessary.