

Case Number:	CM15-0148991		
Date Assigned:	09/22/2015	Date of Injury:	05/04/2015
Decision Date:	11/02/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/31/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for shoulder pain reportedly associated with an industrial injury of May 4, 2015. In a Utilization Review report dated July 24, 2015, the claims administrator failed to approve requests for Fexmid, a topical compounded flurbiprofen-containing cream, and Theramine, a dietary supplement. The claims administrator referenced a July 17, 2015 office visit in its determination. The MTUS Chronic Pain Medical Treatment Guidelines were seemingly invoked, although this did not appear to be a chronic pain case as of the date of the request. The applicant's attorney subsequently appealed. On an RFA form dated July 15, 2015, the topical compounded agent in question, Fexmid, cyclobenzaprine, and Theramine, a dietary supplement, were endorsed, along with physical therapy, hot and cold unit, a TENS unit, urine drug testing, x-rays of the shoulder, and consultation with a psychologist. The applicant was placed off of work, on total temporary disability, owing to multifocal complaints of shoulder pain, depression, and anxiety. The office visit in question represented the applicant's first office visit with the requesting provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (cyclobenzaprine) 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Shoulder Complaints 2004, Section(s): Summary.

Decision rationale: No, the request for Fexmid (cyclobenzaprine), a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, muscle relaxants such as Fexmid (cyclobenzaprine) are deemed not recommended as part of initial approaches to treatment. The MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 212 also notes that muscle relaxants are not recommended in the evaluation and management of applicants with shoulder pain complaints, as were seemingly present here on the date in question. The attending provider failed to furnish a clear or compelling rationale for selection of this particular agent in the face of the unfavorable ACOEM position(s) on the same. Therefore, the request was not medically necessary.

Flurbi (NAP) cream-1a (flurbiprofen 20%, lidocaine 5%, Amitriptyline 5%) 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Similarly, the request for a flurbiprofen-containing topical compounded cream was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49, topical medications such as the compound in question are deemed not recommended as part of initial approaches to treatment. Here, the attending provider failed to furnish a clear or compelling rationale for selection of topical medications, which the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 deems not recommended in favor of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals. Therefore, the request was not medically necessary.

Theramine #90 (1 bottle): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain-Theramine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Knee Disorders, pg. 615.

Decision rationale: Finally, the request for Theramine, a dietary supplement, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic of dietary supplements. However, the Third Edition ACOEM Guidelines Knee Disorders Chapter notes that dietary supplements such as Theramine are not recommended in the treatment of acute, subacute, or chronic pain, as they have not been shown to produce meaningful benefits of improvements in functional outcomes. Here, as with the preceding request, the attending provider failed to furnish a clear or compelling rationale for selection of

this particular agent in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.