

Case Number:	CM15-0075821		
Date Assigned:	04/27/2015	Date of Injury:	09/30/2010
Decision Date:	07/03/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/20/2015

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: Internal Medicine, Pulmonary Disease

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 40 year old female who sustained an industrial injury on 9/30/10 injuring her left leg. She had x-rays which showed a small shin fracture for which a brace was applied. She was prescribed Tylenol and Motrin and physical therapy. Of note, she has had previous repetitive injuries in 2007, 2008 involving her hands, neck, shoulders and low back. She was unclear as to the dates of injury and treatments. She currently complains of cervical and lumbar spine pain and bilateral shoulder pain. In addition she complains of bilateral wrist and hand pain. Her pain level is 9/10. She has been complaining of gastrointestinal discomfort and was seen by gastrointestinal consultant. She reports difficulty with activities of daily living involving self-care and with a multitude of physical activities. Medications are Tramadol, naproxen, omeprazole, topical creams, mirtazapine, alprazolam, Ecoten C. Diagnoses include lumbar spine sprain/ strain; lumbar spine muscle spasm; rule out lumbar disc disease, lumbar spine herniated nucleus pulposus with tear. In the progress note dated 1/28/15 the treating provider's plan of care includes request for aqua therapy twice per week for four weeks; cyclobenzaprine for muscle relaxation; gabapentin/ amitriptyline/ bupivacaine; flurbiprofen/ baclofen/ dexamethasone. The request also requests Anaprox but the last progress note (1/28/15) will not prescribe non-steroidal anti-inflammatories for now due to gastrointestinal complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 2%/Flurbiprofen 25% in cream base 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

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

Decision rationale: The patient is a 40 year old female who had an injury on 09/30/2010. She had a small shin fracture and was treated with a brace. She also had physical therapy. The fracture should have healed completely by now. She also had low back pain. On 01/28/2015 it was noted that NSAIDS were not prescribed because of GI complaints. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Cyclobenzaprine 2% which is not recommended; thus the requested compound topical analgesic medication is not medically necessary.

Anaprox 550mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs Page(s): 22, 67, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67 - 69.

Decision rationale: The patient is a 40 year old female who had an injury on 09/30/2010. She had a small shin fracture and was treated with a brace. She also had physical therapy. The fracture should have healed completely by now. She also had low back pain. On 01/28/2015 it was noted that NSAIDS were not prescribed because of GI complaints. MTUS, chronic pain guidelines note that NSAIDS are associated with an increased risk of GI bleeding, peptic ulcer disease, cardiovascular disease, liver disease and renal disease. Also, NSAIDS decrease soft tissue healing. MTUS guidelines note that the lowest dose of NSAIDS for the shortest period of time is recommended. Long term use of NSAIDS is not recommended and the requested medication is not medically necessary. She already had GI complaints from NSAIDS.

Aquatic therapy 2x4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 - 99.

Decision rationale: The patient is a 40 year old female who had an injury on 09/30/2010. She had a small shin fracture and was treated with a brace. She also had physical therapy. The

fracture should have healed completely by now. She also had low back pain. On 01/28/2015 it was noted that NSAIDS were not prescribed because of GI complaints. The patient already had physical therapy and by this point in time she should have been transitioned to a home exercise program. There is no documentation that continued formal physical therapy or aquatic physical therapy is superior to a home exercise program at this point in time relative to the injury. The continued physical therapy is not consistent with MTUS, Chronic Pain Physical Medicine guidelines. Therefore, the requested treatment is not medically necessary.

Fexmid 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 - 66.

Decision rationale: The patient is a 40 year old female who had an injury on 09/30/2010. She had a small shin fracture and was treated with a brace. She also had physical therapy. The fracture should have healed completely by now. She also had low back pain. On 01/28/2015 it was noted that NSAIDS were not prescribed because of GI complaints. Fexmid is a muscle relaxant, cyclobenzaprine. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.

Gabapentin 15%/Amitriptyline 4%/Dextromethorphan 10% in cream base 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

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

Decision rationale: The patient is a 40 year old female who had an injury on 09/30/2010. She had a small shin fracture and was treated with a brace. She also had physical therapy. The fracture should have healed completely by now. She also had low back pain. On 01/28/2015 it was noted that NSAIDS were not prescribed because of GI complaints. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Gabapentin 15% which is not recommended; thus the requested compound topical analgesic medication is not medically necessary.