

<b>Case Number:</b>	CM13-0009802		
<b>Date Assigned:</b>	09/23/2013	<b>Date of Injury:</b>	03/11/2013
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	07/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a male patient with a date of injury of March 11, 2013. A utilization review determination dated July 22, 2013 recommends noncertification of Flexeril, Ultracet, and Dendracin ointment. A progress report dated April 13, 2013 identifies subjective complaints stating, "he indicates that his pain has been quite unrelenting, especially from the shoulder into the left elbow. He has been treated with medications, physical therapy a total of 5 sessions, and has been on modified work." Physical examination identifies reduced range of motion in the left shoulder, negative impingement tests in the left shoulder, no evidence of shoulder instability, negative sulcus sign, and negative apprehension test. Left elbow examination identifies reduced range of motion. Motor strength exam identifies reduced strength in the left shoulder. Diagnoses include, "left shoulder strain, left elbow lateral humeral epicondylitis, bilateral knee contusion." Recommendations state, "I will recommend that we place him on Norco for pain and discomfort. This medication should be taken when he is not working. I will also recommend that he used Tylenol for his discomfort during the day while he is working with modifications. Modifications will be avoiding any lifting, carrying, pushing, or pulling anything heavier than 15 pounds. No overhead reaching or lifting activities with his left upper extremity and limitation of use of the same extremity. The patient will be placed on physical therapy program, especially for his left shoulder and left elbow with multi-modalities. I would like to see him back in follow-up in 4 weeks time to assess his progress." Progress report dated April 3, 2013 recommends continuing medications including cyclobenzaprine, acetaminophen, Etodolac, tramadol, and Polar Frost.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 60 Tablets of Flexeril 7.5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

**Prospective request for 60 Tablets of Ultracet 37.5/325 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 76-79.

**Decision rationale:** Regarding the request for Ultracet, California Pain Medical Treatment Guidelines state that Ultracet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Ultracet is improving the patient's function or pain, no documentation regarding side effects, and no discussion regarding aberrant use. Additionally, it is unclear whether the patient is still receiving Norco in addition to Ultracet. In the absence of clarity regarding those issues, the currently requested Ultracet is not medically necessary.

**Prospective request for 1 Tube of Dendracin Ointment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** Regarding request for Dendracin, Dendracin is a combination of methyl salicylate, menthol, and benzocaine (according to drugs.com). Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks for treatment of osteoarthritis, but either not afterwards or with the diminishing effect over another two-week period. Regarding the use of topical local anesthetics (benzocaine), guidelines state that they are recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used for short duration. Additionally, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical benzocaine. In the absence of clarity regarding those issues, the currently requested Dendracin is not medically necessary.