

Case Number:	CM13-0010552		
Date Assigned:	07/23/2014	Date of Injury:	02/09/2010
Decision Date:	08/28/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/13/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/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:

The injured worker is a 52-year-old male injured on 02/09/2010 due to an undisclosed mechanism of injury. Current diagnoses include status post bilateral knee surgery x 2 with degenerative joint disease and lumbar discopathy. Clinical note dated 08/12/13 indicates the injured worker presented complaining of knee and low back pain awaiting recommended Synvisc injection. Physical examination of the lumbar spine revealed tenderness at the lumbar paravertebral muscles, pain with terminal motion, and seated nerve root test positive. Examination of the bilateral knees revealed tenderness at the knee joint line, well healed arthroscopic portals, and pain with terminal flexion with crepitus. Continuation of postoperative physical therapy and bilateral Synvisc injections were recommended. Clinical note dated 02/07/14 indicates the injured worker presented complaining of persistent low back pain and knee pain. Physical examination of the lumbar spine revealed tenderness at the lumbar paravertebral muscles, pain with terminal motion, seated nerve root test positive, and dysesthesia at the L5 and S1 dermatomes. Examination of the bilateral knees revealed well healed scar, tenderness at the knee joint line anteriorly, positive patellar compression test, and pain with terminal flexion. The initial request for retrospective review of cyclobenzaprine hydrochloride tablets 7.5 mg #120 Date of service- 07/23/13 and Medrox pain relief ointment was non-certified on 08/09/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Cyclobenzaprine hydrochloride tablets 7.5mg #120 DOS 7/23/13:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscles relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the medical necessity of Retrospective review of cyclobenzaprine hydrochloride tablets 7.5mg #120 date of service 7/23/13 is not medically necessary.

Retrospective review of Medrox Pain Relief ointment 120GM x 2 ..patch #30 DOS 7/23/13:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. There is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for Retrospective review of Medrox Pain Relief ointment 120 grams x 2 patch #30 date of service 7/23/13 is not medically necessary.