

Case Number:	CM13-0010721		
Date Assigned:	01/15/2014	Date of Injury:	02/03/2012
Decision Date:	04/07/2014	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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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:

The patient sustained an injury on 2/3/2012 resulting in neck stiffness, shoulder pain, back pain, hip pain and bilateral hip pain. The patient had a diagnosis of right and left shoulder rotator cuff tear, lumbar discopathy, status post cervical discectomy, and right/left meniscal tear. Objective findings on an examination report on 5/22/2013 included tenderness over the knee joint lines, tenderness in hip range of motion, and impingement findings in the shoulders. The patient had received knee injections as well as refills for Topical Medrox and Toradol for pain management. The patient had been on Cyclobenzaprine, a muscle relaxant, as well as Toradol for several months.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PAIN RELIEF OINTMENT 120G X2, DOS 5/22/13: 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: The Physician Reviewer's decision rationale: Medrox contains methyl salicylate 5%, menthol 5%, and capsaicin 0.0375% . The use of compounded agents has very

little to no research to support their use. According to the Chronic Pain Medical Treatment Guidelines Capsacin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, Medrox contains a higher amount of Capsacin than is medically necessary. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. Therefore Medrox is not medically necessary and appropriate.

(FLEXERIL) CYCLOBENZAPRINE 7.5MG #120, DOS 5/22/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 63, 41-42.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. However in the treatment of low back pain muscle relaxants show no benefit over NSAIDS in pain and overall improvement. The efficacy diminishes over time and there is risk of dependency. In this case, the claimant had been on Flexeril for several months prior to May of 2013. Therefore, the Flexeril (Cyclobenzaprine) provided on 5/22/2013 is not medically necessary and appropriate.

TRAMADOL ER 150MG #90, DOS 5/22/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

Decision rationale: The Physician Reviewer's decision rationale: The Chronic Pain Medical Treatment Guidelines state that opioid analgesics and Tramadol have been suggested as a second line treatment (alone or in combination with first line drugs). Opioids could be considered first line therapy for prompt pain relief while titrating a first line drug, treatment of episodic exacerbations of severe pain for treatment of neuropathic cancer pain. In this case, Tramadol was provide for a non-indicated diagnoses. In addition, the claimant had been on Tramadol several months prior and there is no documented improvement in pain. For these reasons, the Tramadol ER provided on 5/22/2013 is not medically necessary and appropriate.