

Case Number:	CM13-0019305		
Date Assigned:	10/11/2013	Date of Injury:	12/12/2010
Decision Date:	04/30/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 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 patient is a 35 year old female who was injured on 04/14/2009 while lifting a vacuum cleaner. She injured her elbow and right wrist. Prior treatment history has included Naproxen, Flexeril, and Medrox patches; work restrictions, ice and heat and stretching exercises. Diagnostic studies reviewed include CT cervical spine without IV (Intra Venous) contrast performed on 06/26/2013 revealed minimal spondylolisthesis at C4-5 with small accompanying bulge; minimal central canal narrowing results. There is no significant bony encroachment on the central canal or foramina. MRI of brain without and with IV contrast dated 06/07/2013 demonstrated a normal study. There is no evidence of multiple sclerosis or left hemispheric abnormality. Electrodiagnostic Consultation dated 02/14/2013 revealed a normal study. MRI of right elbow dated 01/25/2013 revealed mild common extensor tendon origin tendinosis; and minimal osseous degenerative spurring without acute osseous or ligamentous abnormality. MRI of right wrist performed on 01/25/2013 revealed negative ulnar variance with intercarpal effusion and synovitis; and distal third metacarpal cystic change is appreciated. MRI of the right hand performed on 01/25/2013 demonstrated minimal cystic change, distal third metacarpal, without acute osseous, tendinous, or ligamentous abnormality. MRI of the right shoulder performed on 01/25/2013 demonstrated mild to moderate rotator cuff tendinosis with downsloping acromion and mild to moderate acromioclavicular joint degenerative change; and minimal superior labral intrasubstance degeneration without definite tear or acute osseous abnormality. Ultrasound of bilateral elbow performed on 12/06/2012 revealed a normal study. Ultrasound of bilateral wrist performed on 12/06/2012 revealed a normal study. PR2 (Progress Report) dated 05/22/2013 documented the patient to have complaints of ongoing neck and bilateral upper extremity complaints, which she currently rate a 7-8/10 on the pain scale. Objective findings on exam revealed a normal gait and non-ataxic. The range of motion of the cervical spine: Flexion is 30

degrees; Extension is 20 degrees; right lateral bending is 30 degrees; left lateral bending is 30 degrees; right rotation is 60 degrees; and left rotation is 60 degrees. She has tenderness to palpation of the cervical spine with spasms appreciated into the bilateral paraspinal region, right greater than left. The sensation is diminished in the right C5, C6, C7 and C8 dermatomes. The right deltoid, biceps, internal rotation (IR), external rotation (ER), wrist extension, wrist flexion, triceps, interossei, finger flexors, and finger extensors are 4+/5 and limited by pain. She does remain hyperreflexic of the bilateral biceps, brachioradialis, triceps, patellar, and Achilles reflexes. In regard to the cyclobenzaprine, the patient does have documented spasms on physical examination and subjective complaints. We did trial her on Flexeril. She did respond well to this with a reduction in her pain and an increased level of function due to less spasm. In regard to the naproxen, at the time this was given on a trial basis in hopes of reducing her pain. The patient is diagnosed with chronic right-sided neck complaints, chronic right arm complaints, and hyperreflexia. The patient is recommended Medrox Patches and Naproxen Sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECISION FOR MEDROX PATCHES #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 71. Decision based on Non-MTUS Citation ODG Pain Chapter; Topical Analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MEDROX (menthol, capsaicin, methyl salicylate) patch; <http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=e7836f22-4017-415f-b8f0-54b07b6d6c00>

Decision rationale: According to the references, Medrox patch contains methyl salicylate 5%, menthol 5%, and capsaicin 0.0375%. According to the CA MTUS guidelines, topical analgesics are considered to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin may be recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical records do not establish that to be the case of this patient, as it is documented that she is prescribed oral medications. In addition, the guidelines state there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The medical necessity of this product has not been established. Therefore, the decision for Medrox patches #10 is not medically necessary and appropriate.

DECISION FOR DOCUSATE/SENNOSIDES 50/80.6 #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The guidelines suggest that when initiating opioids, prophylactic treatment of constipation should be initiated. However the medical records do not demonstrate this patient is currently taking opioids. Furthermore, in the absence of documented subjective complaints of that nature, the medical necessity for a laxative and stool softener is not established. Therefore, the request for Docusate/Sennosides 50/80.6 #120 is not medically necessary and appropriate.

DECISION FOR NAPROXEN SODIUM 50MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation OTC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: Given the documented subjective complaints and objective findings, it is reasonable that the patient be provided with a non-steroidal anti-inflammatory to provide symptomatic relief of mild to moderate pain. This request is supported by the reference guidelines. A one-month supply of Naproxen #60 is deemed appropriate and medically necessary.

DECISION FOR CYCLOBENZAPRINE 7.5MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®), ; Muscle relaxants (for pain), Page(s): 41,63.

Decision rationale: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (Low Back Pain). According to the guidelines, Flexeril is recommended as an option as a short course of therapy only. Muscle relaxants should be considered as a second-line option. The medical records do not establish this patient has presented with any acute exacerbation of chronic LBP (Low Back Pain). In addition, the medical records do not document any attempts with self-directed care such as would include heat/ice, range of motion/stretching exercises, and such. Furthermore, the guidelines state muscle relaxants seem no more effective than NSAIDs (Non-Steroidal Anti Inflammatory Drugs) for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. The patient has been recommended Naproxen to address her complaints. Therefore, the request for Cyclobenzaprine 7.5mg #30 is not medically necessary and appropriate.