

Case Number:	CM13-0021858		
Date Assigned:	11/13/2013	Date of Injury:	10/24/2007
Decision Date:	01/15/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/09/2013

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 and is licensed to practice in Oklahoma and 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 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 is a 36-year-old female who reported an injury on 10/24/2007; the mechanism of injury was not provided. The patient was noted to have persistent pain of the neck that radiated to the upper extremities with numbness and tingling and chronic headaches. The diagnoses were noted to include cervical discopathy/radiculitis left greater than right, bilateral shoulder impingement rule out rotator cuff pathology, and lumbar disc pathology. The plan was noted to include cyclobenzaprine hydrochloride 7.5 mg #120, tramadol hydrochloride ER 150 mg #90, and Medrox pain relief ointment 120 grams x2 #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription cyclobenzaprine hydrochloride tablets (Flexeril) 7.5mg, #12- (DOS: 6/12/13):
Upheld

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

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

Decision rationale: California MTUS states that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that

shorter courses may be better. Therefore, treatment should be brief. The clinical documentation submitted for the dated of service requested 06/12/2013 failed to provide a clear rational for the medication. Additionally, per clinical documentation of 11/19/2012, the patient had taken the medication and there was a lack of documented efficacy. Given the above, the request for prescription cyclobenzaprine hydrochloride tablets (Flexeril) 7.5 mg #120 date of service 06/12/2013 is not medically necessary

Tramadol Hydrochloride ER 150mg, #90 (DOS: 6/12/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82.

Decision rationale: Not recommended as a first-line therapy. There should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide the patient trialed a first-line therapy and failed to supply a clear rationale for the medication with the date of 06/12/2013 as there was a lack of a corresponding physical examination for that date of service. The documentation for that date that was supplied was a consultation in dentistry. The clinical documentation failed to provide documentation of the "4 A's" as required for ongoing management for patients on opioids per California MTUS Guidelines. Given the above and the lack of exceptional factors to warrant non-adherence to guideline recommendations, the request for tramadol hydrochloride ER 150 mg #90 date of service 06/12/2013 is not medically necessary.

Medrox Pain Relief Ointment 120gm x2 QTY: 240 (DOS: 6/12/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111 and 112.

Decision rationale: California MTUS does not specifically address Medrox, however, California MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety....Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....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." Additionally it indicates that Topical Salicylates are approved for chronic pain. According to the Medrox package insert, Medrox is a topical analgesic containing Menthol 5.00% and 0.0375% Capsaicin and it is indicated for the "temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness."

Capsaicin is not approved and Medrox is being used for chronic pain, by the foregoing guidelines, the request for Medrox is not certified as medically necessary.