

Case Number:	CM13-0022453		
Date Assigned:	11/20/2013	Date of Injury:	11/28/2007
Decision Date:	01/21/2014	UR Denial Date:	08/12/2013
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 Family Practice, has a subspecialty in Preventive 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 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:

Fifty nine year old female claimant who sustained a work injury on 11/28/07 which resulted in neck and bilateral shoulder injuries . She has a recent diagnosis of right shoulder and left shoulder impingement as well as upper back and neck muscle spasms An exam report on 9/5/13 indicated she has 7/10 pain. Her physical exam findings show reduced range of motion of the left upper extremity vs. the right. The neck has normal movement. She was advised to engage in chiropractic activities, use hot/cold wraps as well as use Dendracin cream (because she doesn't tolerate Norco) and Flexeril. She has ordered given Medrox cream the month prior for topical muscle pain relief as well. She has been on Flexeril for greater than 8 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg quantity 60.: Upheld

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

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

Decision rationale: 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. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. In this case, the claimant had been on Flexeril for several months and the documentation did not identify particular benefit from the medication as the pain score remained at 7/10. The continued use of Flexeril is not medically necessary.

Medrox Patches quantity 15.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section: Topical Analge.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section: Topical Analgesics Page(s): 111-113.

Decision rationale: Medrox contains: methyl salicylate 5%, menthol 5%, capsaicin 0.0375%. The use of compounded agents have very little to no research to support their use. According to the California Medical Treatment Utilization Schedule (MTUS) 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.

Dendracin Lotion 120 ml quantity 1.00: Upheld

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

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

Decision rationale: Dendracin contains .0375% Capsacin ,30% MethylSalicylate and 10% Menthol. The use of compounded agents have very little to no research to support their use. According to the California Medical Treatment Utilization Schedule (MTUS) guidelines , Capsacin is recommended in doses under .025%. An increase over this amount has not been shown to be beneficial. In this case, Dendracin 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 Dendracin is not medically necessary.