

<b>Case Number:</b>	CM13-0031225		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	01/22/2003
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 68-year-old male who was injured in a work related accident on 01/22/03. Clinical records for review included a 09/05/13 report indicating a diagnosis of cervical discopathy, status post left shoulder surgery, left shoulder AC joint arthrosis with impingement, left carpal tunnel syndrome, left lumbar discopathy with radiculitis, status post left hip surgery and left greater trochanteric bursitis, and status post right Achilles tendon repair. Chief complaints at that time were continued symptoms in the neck with chronic headaches and tension between the shoulder blades. It stated at that time the claimant was awaiting surgical authorization for the cervical spine. Physical examination showed restricted cervical range of motion with spasm, dysesthesias to the left greater than right C5 through C7 dermatomes and left shoulder examination showed positive Neer and Hawkins impingement testing. The left hand showed a positive Tinel's and Phalen's tests and the lumbar spine had dysesthesias in a L5-S1 dermatomal distribution. Injections of Toradol in a V12 Complex were performed at that time. There is a request for continued use of Medrox patches and Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE HCL TABLETS 7.5 MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

**Decision rationale:** Based on the California MTUS Chronic Pain Medical Treatment 2009 Guidelines, muscle relaxants are not medically necessary. The MTUS Chronic Pain Medical Treatment Guideline criteria does not recommend the chronic role of muscle relaxants in the chronic pain setting, rather muscle relaxants are utilized for only acute exacerbations of chronic low back complaints. Muscle relaxants are to be used with caution as a second line option for only short term use. The records in this case do not indicate an acute exacerbation of symptoms. There would be no current indication for chronic or continued use of muscle relaxants given the claimant's current clinical presentation and timeframe from injury of greater than 10 years. Therefore, the requested Cyclobenzaprine tablets are not medically necessary or appropriate.

**MEDROX PATCHES #30:** 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:** Based on the California MTUS Chronic Pain Medical Treatment 2009 Guidelines, the continued use of Medrox patches is not medically necessary. Medrox contains Capsaicin, amongst other active ingredients. Capsaicin is only recommended as an option for the claimants who are nonresponsive or are intolerant to other forms of first line modalities and treatment. Records in this case do not indicate recent use of first line agents or intolerance to first line agents. The specific role of this topical compounded agent is not indicated for this claimant. Therefore, the requested Medrox patches are not medically necessary or appropriate.