

Case Number:	CM13-0032577		
Date Assigned:	12/11/2013	Date of Injury:	08/18/2012
Decision Date:	02/20/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/08/2013

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 Internal 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:

The employe is a 55-year-old male who reported a work-related injury on 7/10/12. The mechanism of injury was stated to be the employee was using a pry bar and trying to lift up to extract a person in a burning car. The employee was noted to have 8/10 to 9/10 low back pain and right hip pain. The employee's diagnoses were noted to include pain in joint and lumbago. The treatment plan included medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine hydrochloride 7.5mg, quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): S 41, 64.

Decision rationale: The guidelines states that cyclobenzaprine is recommended for a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; however, the effect is modest and can cause adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended for use for longer than 2-3 weeks. The clinical documentation submitted for

review indicates that cyclobenzaprine hydrochloride 7.5mg, quantity 120 was prescribed for palpable muscle spasms noted during the employee's examination. The submitted documentation states the employee would also benefit from the off-label capacity of the drug as a sleep aid, as the employee was noted to have chronic pain resulting in sleep disruption. The clinical documentation provided failed to establish the necessity for 120 tablets of cyclobenzaprine hydrochloride. According to the guidelines, the requested medication is not be used longer than 3 weeks. Therefore, the requested cyclobenzaprine hydrochloride 7.5mg, quantity 120 is not medically necessary and appropriate.

Quazepam USP 15mg, quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Page(s): 24.

Decision rationale: The guidelines do not recommend benzodiazepines such as Quazepam for extended use because long-term efficacy is unproven and there is a risk of dependence. According to the guidelines, there are very few conditions for which chronic benzodiazepines are the treatment of choice. The submitted clinical documentation indicates the employee was taking the medication for relief of sleep disturbance. However, per the guidelines, benzodiazepines are not recommended for long-term use. Further, the clinical documentation submitted for review failed to establish the efficacy of the requested medication. Therefore, the requested Quazepam USP 15mg, quantity 30 is not medically necessary and appropriate.

Medrox Patch, quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylate Topical Analgesic Capsaicin Page(s): 105; 111; 112.

Decision rationale: The guidelines state 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." The guidelines further state "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." Medrox is a topical analgesic containing menthol 5.00% and capsaicin 0.0375%. It is intended for temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness. The clinical documentation submitted for review states the employee was using Medrox to reduce inflammation and relieve acute pain, which was not alleviated by over-the-counter medications. The submitted clinical documentation does not establish the presence of

exceptional factors to warrant non-adherence to guideline recommendations. Therefore, the requested Medrox Patch, quantity 30 is not medically necessary and appropriate.