

<b>Case Number:</b>	CM13-0034389		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	06/06/2011
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, low back pain, anxiety, psychological stress, closed head injury, and chronic posttraumatic headaches reportedly associated with an industrial injury of June 6, 2011. It is incidentally noted that the applicant was described as previously using unspecified medications as of office visits of July 17, 2012, and August 14, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; attorney representation; unspecified amounts of chiropractic manipulative therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off work, on total temporary disability. In a utilization review report of October 4, 2013, the claims administrator denied a request for Medrox, Norco, and Flexeril. The applicant's attorney subsequently appealed, on October 11, 2013. An earlier clinical progress note of September 10, 2013, is notable for comments that the applicant reports persistent 9/10 low back pain. Tenderness is appreciated about the lumbar and cervical spines with normal cranial nerve testing. The applicant is given refills of Medrox, Vicodin, and Flexeril. The applicant is again kept off work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**topical compounded Medorx ointment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as Medrox are considered largely experimental. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of the largely experimental compounds such as Medrox. Therefore, the request remains non-certified, on independent medical review.

**one (1) prescription of Hydrocodone/APAP (Norco), 10/325mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain effected through ongoing opioid usage. In this case, however, the applicant seemingly meets none of the aforementioned criteria. He is off work, on total temporary disability. There is no clear evidence of improved performance in non-work activities of daily living and no clear evidence of reduction in pain score as effected as a result of ongoing opioid usage. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

**one (1) prescription of Cyclobenzaprine HCL, 10mg, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine, Flexeril, or other agents is not recommended. In this case, the applicant is using numerous oral and topical agents. Adding cyclobenzaprine or Flexeril to the mix is not indicated, particularly since the applicant has failed to effect any lasting benefit or functional improvement through prior usage of the same. The applicant's failure to return to any form of work and continued reliance on medical treatment, including medications and manipulative therapy, taken together, imply a lack of functional improvement as defined in MTUS 9792.20(f). Therefore, the request remains non-certified, on independent medical review.

