

Case Number:	CM13-0041953		
Date Assigned:	12/20/2013	Date of Injury:	08/21/2012
Decision Date:	04/21/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/30/2013

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 Anesthesiology, has a subspecialty in Pain Management 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 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:

According to the records made available for review, this is a 37-year-old male with a 8/21/12 date of injury. At the time (8/14/13) of request for authorization for retrospective request for 120 Cyclobenzaprine 7.5mg (DOS: 8/14/13), retrospective request for 60 Alprazolam ER 1mg (DOS: 8/14/13), and retrospective request for 1 prescription of Medrox Patches (DOS: 8/14/13), there is documentation of subjective (persistent neck and low back pain) and objective (tenderness and spasm at the cervical paravertebral and upper trapezial muscles, tenderness at the olecranon fossa, positive Tinel's, and tenderness in the lumbar spine) findings, current diagnoses (cervical radiculopathy, bilateral carpal tunnel syndrome, and lumbar discopathy), and treatment to date (activity modification, physical therapy, and medications (including Cyclobenzaprine, Alprazolam, and Medrox Patches of unknown duration). Regarding Cyclobenzaprine, there is no documentation of acute muscle spasm, the intention to treat over a short course, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Cyclobenzaprine. Regarding Alprazolam, there is no documentation of an intention to treat over a short course and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Alprazolam.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR 120 CYCLOBENZAPRINE 7.5MG (DOS: 8/14/13):
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE, PAIN MUSCLE RELAXANTS; AND TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 979. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, bilateral carpal tunnel syndrome, and lumbar discopathy. However, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Cyclobenzaprine for unknown duration, there is no documentation of the intention to treat over a short course (less than two weeks). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Cyclobenzaprine. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for 120 Cyclobenzaprine 7.5mg (DOS: 8/14/13) is not medically necessary.

RETROSPECTIVE REQUEST FOR 60 ALPRAZOLAM ER 1MG (DOS: 8/14/13):
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES AND TITLE 8, CALIFORNIA CODE OF REGULATIONS, SECTION 9792.20 Page(s): 24. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES, 24

Decision rationale: The Expert Reviewer's decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a Final Determination Letter for IMR Case Number CM13-0041953 4 reduction in the use of medications or medical services. Within the medical information available

for review, there is documentation of diagnoses of cervical radiculopathy, bilateral carpal tunnel syndrome, and lumbar discopathy. However, given documentation of medical reports reflecting prescriptions for Alprazolam of unknown duration, there is no documentation of an intention to treat over a short course. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Alprazolam. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for 60 Alprazolam ER 1mg (DOS: 8/14/13) is not medically necessary.

RETROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF MEDROX PATCHES (DOS: 8/14/13): 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: Medrox cream is a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, bilateral carpal tunnel syndrome, and lumbar discopathy. However, Medrox contains at least one drug (capsaicin in a 0.0375% formulation) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for 1 prescription of Medrox Patches (DOS: 8/14/13) is not medically necessary.