

Case Number:	CM13-0041974		
Date Assigned:	12/20/2013	Date of Injury:	08/02/2005
Decision Date:	02/25/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/30/2013

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 Orthopedic Surgeon, has a subspecialty in Shoulder and Elbow Surgery 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 patient is a 54-year-old male who reported an injury on 08/02/2005. The patient is currently diagnosed with retained symptomatic cervical hardware at C5-6, status post C5-6 anterior cervical discectomy and fusion, status post C3 to C6 hybrid reconstruction, carpal tunnel/double crush syndrome, left shoulder impingement, left elbow cubital tunnel syndrome, lumbar discopathy, internal derangement in bilateral knees, grade 3 tear of the posterior horn of the medial meniscus in the left knee, and bilateral feet plantar fasciitis. The patient was seen by [REDACTED] on 11/27/2013. The patient reported persistent lower back pain as well as a severe increase in neurologic deficit with severe pain in the upper extremities. Physical examination reveals tenderness to palpation at the cervical paravertebral muscles and upper trapezial muscles with spasm, painful range of motion, decreased motor strength, positive Tinel's and Phalen's testing in bilateral upper extremities, weak grip strength, tenderness around the anterior glenohumeral region of the left shoulder, decreased range of motion, tenderness at the olecranon fossa of the left elbow, positive Tinel's testing, dysesthesia at the ulnar 2 digits, tenderness to palpation of the lumbar spine with paravertebral muscle spasms, positive straight leg raising, diminished sensation, persistent tenderness in the left anterior joint line of the knee, and painful dorsiflexion of the toes in bilateral feet. Treatment recommendations included continuation of current medication including naproxen, cyclobenzaprine, Ondansetron, omeprazole, tramadol, and Levaquin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine hydrochloride tablets 7.5 mg #20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. The patient's physical examination continues to reveal palpable muscle spasm. As Guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request for Cyclobenzaprine hydrochloride tablets 7.5 mg #20 is non-certified.

Medrox Patch, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Therefore, the patient does not meet criteria for the use of a topical analgesic. As such, the request for Medrox Patch, #30 is non-certified.