

Case Number:	CM13-0049074		
Date Assigned:	12/27/2013	Date of Injury:	09/23/2002
Decision Date:	04/02/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/07/2013

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 and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 56 year-old with a date of injury of 09/23/02. A progress report associated with the request for services, dated 09/25/13, identified subjective complaints of numbness in the right upper extremity and tingling in the hand. Objective findings included tenderness and spasm of the cervical paravertebral muscles. There was decreased range-of-motion but normal motor and sensory function. An NCV/EMG was done in 2011 and plan was to repeat the study due to new symptoms. Diagnoses included cervical radiculopathy, status-post surgery; bilateral shoulder impingement syndrome; right wrist sprain; and anxiety. Prior treatment is not outlined other than unspecified prior neck surgery. A Utilization Review determination was rendered on 10/22/13 recommending non-certification of "60 Carisoprodol 325mg; Medrox ointment".

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol 325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Carisoprodol Page(s): 29.

Decision rationale: Soma (carisoprodol) is a centrally acting muscle relaxant with the metabolite meprobamate, a schedule-IV controlled substance. The Medical Treatment Utilization Schedule states that carisoprodol is not recommended. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. It has interactions with other drugs including benzodiazepines, tramadol, and hydrocodone. It is associated with withdrawal symptoms and is abused for the above mentioned effects. Therefore, there is no documented medical necessity for Soma

Medrox ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Salicylate Topicals, and Topical Analgesics Page(s): 28-29, 105, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Salicylates

Decision rationale: Medrox has multiple ingredients that include methyl salicylate 20%, capsaicin 0.0375%, and menthol USP 5%. The MTUS Chronic Pain Guidelines state that topical analgesics are recommended as an option in specific circumstances. However, they do state that they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Guidelines further state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Chronic Pain Guidelines do recommend topical salicylates as being significantly better than placebo in chronic pain. In osteoarthritis, salicylates are superior to placebo for the first two weeks, with diminishing effect over another two-week period. The Official Disability Guidelines also recommend topical salicylates as an option and note that they are significantly better than placebo in acute and chronic pain. They further note however, that neither salicylates nor capsaicin have shown significant efficacy in the treatment of osteoarthritis. The Guidelines for Chronic Pain state that capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. It is noted that there are positive randomized trials with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific low back pain, but it should be considered experimental at very high doses. It is further noted that an 0.025% formulation is available for treatment of osteoarthritis and an 0.075% formulation for neuropathic pain. They state that there have been no studies of the 0.0375% formulation and no current indication that the increase over the 0.025% formulation would provide any further efficacy. In this case, there is no documentation of the failure of conventional therapy that would warrant capsaicin. Therefore, there is no documented medical necessity for Medrox.