

Case Number:	CM13-0050273		
Date Assigned:	12/27/2013	Date of Injury:	12/19/2000
Decision Date:	03/11/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/12/2013

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, has a subspecialty in Pulmonary Disease 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 45-year-old female who reported an injury on 12/19/2011. The mechanism of injury was not provided in the medical records. The patient's diagnoses include chronic pain, disc lesions of the lumbar spine without radiculopathy, left shoulder impingement with rotator cuff tear, status post surgical incision and drainage from surgical incisions, status post carpal tunnel release of the left hand and wrist, status post trigger finger release on the 3rd finger of the left hand, excision of the ganglion cyst of the left hand, anxiety/depression, insomnia, and status post anterior cervical discectomy and fusion in 2004.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mentherm 120 gm #2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical analgesics Page(s): 105, 111-113.

Decision rationale: According to the California Medical Treatment Utilization Section (MTUS) Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety. They are primarily recommended in the treatment of

neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also specify that for use of compounded products, documentation should indicate the specific analgesic effect of each agent and how it will be used for the specific therapeutic goal required. The clinical information submitted for review failed to provide evidence of the trial and failure of antidepressants and anticonvulsants. Additionally, the guidelines specify that topical salicylates are better than placebo for chronic pain. However, the combined use with menthol is not specifically addressed by evidence-based guidelines. The clinical information provided failed to provide documentation indicating why the patient needs to have a combination therapy to include methyl salicylates and menthol rather than a topical salicylate alone. In the absence of more specific details regarding the request for Methoderm, it is not supported. Therefore, the request is non-certified.

Cyclobenzaprine 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®) Page(s): 41-42.

Decision rationale: According to the California Medical Treatment Utilization Section (MTUS) Guidelines, the use of Cyclobenzaprine is only recommended as a short course of therapy. The guidelines specify that the effect of Cyclobenzaprine has been shown to be greatest in the first 4 days of treatment, further suggesting that shorter courses are better with this medication. As the evidence-based guidelines do not recommend the use of Cyclobenzaprine for chronic conditions, the request is not supported by guidelines. As such, the request is non-certified.

4 sessions of ECSWT for the left upper trapezius: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: According to American College of Occupational and Environmental Medicine (ACOEM) Guidelines, the use of high energy extracorporeal shock wave therapy for the treatment of calcifying tendonitis of the shoulder is supported by some medium quality studies. The clinical information submitted for review failed to show that the patient has a diagnosis of calcifying tendonitis of the shoulder. In the absence of this diagnosis, the request for extracorporeal shock therapy is not supported by guidelines. As such, the request is non-certified.

Medrox topical medication: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals, Topical analgesics Page(s): 105, 111-113.

Decision rationale: According the California Medical Treatment Utilization Section (MTUS) Guidelines, topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines further specify that for compounded products, any compounded product that contains at least 1 drug that is not recommended is not recommended. Medrox patches are noted to include methyl salicylate 20%, menthol 5%, and capsaicin 0.0375%. The guidelines specify that topical capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The clinical information submitted for review failed to provide evidence of the trial and failure of antidepressants and anticonvulsants prior to the use of topical analgesics. Additionally, the documentation does not show details regarding other agents that the patient did not respond or was intolerant to prior to the use of topical capsaicin. Moreover, the guidelines specify that 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. In the absence of detailed documentation regarding the patient's medication history, trial and failure of first line treatment, and the details regarding medications the patient was unresponsive or intolerant to, the request is not supported. Additionally, as the guidelines do not support use of a 0.0375% formulation of capsaicin, the request is not supported. For these reasons, the request is non-certified.

Fluriflex topical medication: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According the California MTUS Guidelines topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines further specify that for compounded products, any compounded product that contains at least 1 drug that is not recommended is not recommended. Fluriflex is noted to include topical Flurbiprofen and Cyclobenzaprine. The guidelines specify that the only FDA approved topical NSAID at this time is Diclofenac in the form of Voltaren 1% gel. Additionally, the guidelines specify that there is no evidence to support the use of any muscle relaxant as a topical product. Therefore, the request for Fluriflex topical is not supported. As such, the request is non-certified.