

Case Number:	CM13-0051359		
Date Assigned:	12/27/2013	Date of Injury:	06/03/1999
Decision Date:	03/12/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/14/2013

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 Physical Medicine and Rehabilitation 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 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 58 year old injured worker with a date of injury of 06/03/1999. The listed diagnoses per [REDACTED] dated 11/06/2013 are: spinal stenosis, displacement cervical intervertebral disc without myelopathy, spasmodic torticollis, phantom limb pain, bilateral repair of inguinal hernia, gout, headache, testicular dysfunction. According to the report dated 11/06/2013 by [REDACTED] the patient presents with complaints of pain in the cervical region which radiates to their head causing frequent headaches. Patient describes headaches as dull and throbbing pain. Examination shows TTP along bilateral upper trapezius and splenius capitus. Decreased shoulder ROM was also noted. There is positive TTP with forward flex of the cervical spine and tenderness to palpation along the occipital dermatome. It is noted that the patient is utilizing his oral medications in conjunction with compounded topical cream to reduce his cervical spine pain and headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound cream (containing Fentanyl, Clonidine, Diclofenac, and Lidocaine) 60g: 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.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines states the following regarding topical creams, "Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The requested compound topical analgesic contains Fentanyl, Clonidine, Diclofenac and Lidocaine. The MTUS guideline page 44 states regarding Fentanyl transdermal system, "Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin." Furthermore, Lidocaine is only allowed in a dermal patch form and not in a gel, lotion or cream. The request for compound cream (containing Fentanyl, Clonidine, Diclofenac, and Lidocaine) 60g, is not medically necessary and appropriate.

Celebrex 100mg, #60: Overtaken

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: For anti-inflammatory medications the MTUS guidelines page 22 states, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The medical records provided for review includes a progress report dated 11/06/2013, stating that the patient utilizes oral medications to help alleviate cervical spine pain which "allows for increased mobility and function." The patient presents with complaints of pain in the cervical region which radiates to their head causing frequent headaches. Additionally, the patient is currently not on any opioids and uses Celebrex to manage their pain. The request for Celebrex is medically necessary and appropriate

Skelaxin 800mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines page 61 states, "Recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Metaxalone (marketed by ██████████ under the brand name Skelaxin®) is a muscle relaxant that is reported to be relatively non-sedating." The MTUS does not recommend long-term use of muscle relaxants; recommendation is for 3-4 days for acute spasms and no more than 2-3 weeks. The requested Skelaxin 800mg #90 is not medically necessary and appropriate.

Xanax 0.5mg, #60: 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 Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guideline page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." MTUS guidelines are very clear on long term use of Benzodiazepines and recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence." The requested Xanax #60 is not medically necessary and appropriate.