

Case Number:	CM13-0054535		
Date Assigned:	06/13/2014	Date of Injury:	05/28/2010
Decision Date:	08/14/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 53-year-old male who reported an injury on 07/18/2010 due to an unknown mechanism. The injured worker had a physical examination on 01/23/2013, which revealed increasing symptomatology in the cervical spine and bilateral shoulders. There were complaints of headaches that were migrainous in nature, associated with periods of increased pain in the cervical spine. The injured worker reported that the headaches caused nausea that was not alleviated by Prilosec. Examination of the cervical spine revealed paravertebral muscle tension. There was paravertebral muscle spasm. There was a positive axial loading compression test, extension of symptomatology in the upper extremities with generalized weakness, and numbness was noted in the C5-6 roots and dermatomes. Bilateral shoulders examination revealed the bilateral shoulders were essentially unchanged. There was pain and tenderness around the bilateral acromioclavicular joints. There was reproducible symptomatology with a positive O'Brien's Test. Examination of the lumbar spine revealed tenderness at the lumbar paravertebral muscles. There was paravertebral muscle spasm. There was pain with terminal motion, limited range of motion. Seated nerve root test was positive. Dynamic radiographic examination of the cervical spine revealed fracture. There was no significant segmental instability noticed. There was disc height narrowing at the C5-6 and C6-7 with anterior osteophyte. There was loss of normal cervical lordosis. Radiographic examination of the bilateral shoulders revealed no significant intra-articular abnormality. Diagnoses for the injured worker were cervical discopathy, bilateral shoulder impingement, rule out rotator cuff pathology, and lumbar discopathy. Treatment plan for the injured worker was to undergo MRI scan of the cervical spine. Also it was recommended to have an MRI of the bilateral shoulders. EMG/Nerve Conduction Studies were also going to be requested of the bilateral upper extremities. Medications for the injured worker were cyclobenzaprine 7.5, sumatriptan succinate 25 mg,

ondansetron ODT tablets 8 mg, omeprazole 20 mg, Medrox pain relief ointment. The rationale and a request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: KETOP/LIDOC/CAP/TRAM 15% 1% 0.0125% #60, 10/22/2013: 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): 111,112.

Decision rationale: The request for Medrox cream 15% is non-certified. It was not noted within the report submitted for review what other kind of medications the injured worker may have taken for pain relief. It also was not noted if the injured worker was getting any type of measurable pain relief from the oral medications he was taking. The California Medical Treatment Utilization Schedule states for topical analgesics, they are primarily recommended for neuropathic pain when trials of antidepressant and anticonvulsants have failed. It was noted that the injured worker was taking a cyclobenzaprine. Medrox contains several different types of medications. It contains ketamine, which is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in noncontrolled studies for CRPS 1 and postherpetic neuralgia, and both have shown encouraging results. Capsaicin is also a medication included in the compounded cream. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally used for the treatment of osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. Currently there are studies for the use of capsaicin cream for patients who have osteoarthritis, fibromyalgia, and chronic nonspecific back pain, but it is still experimental. Lidocaine is another ingredient included in the compounded cream. Lidocaine is an indication for neuropathic pain or for localized peripheral pain after there has been evidence of a trial of first-line therapy such as tricyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica. Non-dermal patch formulations of lidocaine are generally indicated as local anesthetics and antipruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. For non-neuropathic pain, the guidelines state it is not recommended. The guidelines do not support the use of compounded creams. The request submitted for review does not indicate the frequency for the medication or the quantity. Therefore, the request is not medically necessary.