MAXIMUS Federal Services

Case Number:	CM13-0065970		
Date Assigned:	01/17/2014	Date of Injury:	01/27/1997
Decision Date:	05/21/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/07/2013

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 Physical Medicine & Rehabilitation, 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 injured worker is a 51-year-old female who reported an injury on 01/27/1997. It is noted that the injured worker underwent a right shoulder arthroscopic surgery in 10/2009 and a left shoulder surgery in 05/2011. The injured worker continued to have significant complaints of pain in the neck, shoulders, and swelling in the left upper extremity. She continued to have persistent right shoulder pain, which radiated down the fingers with numbness in the top of the index finger. There was also noted pain along the left shoulder that radiated down the upper extremity into the middle finger. The injured worker has received prior physical therapy, which was ineffective in helping relieve the injured worker's signs and symptoms. The most recent clinical documentation dated 01/08/2014 reveals the injured worker has undergone 8 surgeries in an attempt to alleviate her pain and although some have been effective, they all have been suboptimal. The injured worker underwent a cervical epidural steroid injection on Final Determination Letter for IMR Case Number CM13-0065970 3 03/12/2012, which was ineffective as well. Physical examination revealed a non-antalgic gait with no use of assistive devices. She was able to sit for 15 minutes without any limitations or evidence of pain. The injured worker was able to comprehend and answer questions. Left shoulder range of motion was diminished in abduction and external rotation. There was noted tenderness to palpation at the bilateral C-spine paraspinous muscles, trapezius, and rhomboid. Range of motion was restricted in all planes with increased pain. Muscle guarding was also noted. Sensory examination revealed normal sensation to light touch along the bilateral upper extremity dermatomes. Bilateral shoulder range of motion was limited especially in abduction. Deep tendon reflexes were measured at 1+ bilaterally and symmetric. Spurling's test was positive on the left. The neurological examination was unchanged from previous examination. The requested service is

for cyclobenzaprine 10 mg #90 one refill, MediPatch 0.5% through 0.0325%/20%, and Dendracin cream 1 to 2 gm, 2 refills equals 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10MG, #90, ONE REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SECTION MUSCLE RELAXANTS (FOR PAIN), Page(s): 63-64.

Decision rationale: CYCLOBENZAPRINE 10MG, #90, ONE REFILL is not medically necessary. According to California MTUS/ACOEM, it is indicated that muscle relaxants are recommended as a second-line option for short-term treatment of acute exacerbations in patients with low back pain. There is limited evidence which does not allow for recommendation for the use of muscle relaxants for chronic pain use. It is also noted that this medication is not recommended for use longer than 2 to 3 weeks. The injured worker has been taking the requested medication for a significant amount of time, and continues to have documented functional deficits and significant complaints of pain. As such, the medical necessity for continued use of this medication cannot be determined at this time. Therefore, the request for CYCLOBENZAPRINE 10MG, #90, ONE REFILL is non-certified.

MEDI-PATCH 0.5%-0.0325%-20%: Upheld

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

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

Decision rationale: MEDI-PATCH 0.5%-0.0325%-20% is non-certified. According to California MTUS Guidelines, topical analgesics are generally recommended when trials of antidepressants and anticonvulsants have failed. It is also noted that any compound medication that includes 1 medication that is not recommended is not recommended. The requested medication contains capsaicin, lidocaine, menthol, and methyl salicylate. According to California MTUS, capsaicin is only recommended if the use of other medications has not been tolerated or have failed. There is no documentation in the medical record of any failed attempts at any other types of treatment to treat the injured worker's condition. Therefore, medical necessity for this requested medication cannot be determined at this time and the request for MEDI-PATCH 0.5%-0.0325%-20% is non-certified.

DENDRACIN CREAM 1-2 GRAMS, 2, REFILLS = 5: Upheld

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

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

Decision rationale: DENDRACIN CREAM 1-2 GRAMS, 2, REFILLS = 5 is not medically necessary. According to California MTUS Guidelines, it is indicated that any compound medication that contains a medication that is not recommended is not recommended. The requested medication contains methyl salicylate, menthol, and capsaicin. Capsaicin is not recommended unless there are documented failed attempts at the use of other medications, or other therapies have not been tolerated. There is no documentation in the medical record of any failed attempts at the use of any other medications to treat the injured worker's condition. It is also noted that topical analgesics are only recommended when attempts to use anticonvulsants and antidepressants have failed. There is no documentation in the medical record of any failed attempts at the use of anticonvulsants or antidepressants to treat the injured worker's condition. As such, medical necessity for the requested service cannot be determined at this time and the request for DENDRACIN CREAM 1-2 GRAMS, 2, REFILLS = 5 is non-certified.