

Case Number:	CM14-0001557		
Date Assigned:	01/08/2014	Date of Injury:	10/06/2011
Decision Date:	06/19/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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 Anesthesiology, 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 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 patient is a 48-year-old female who has submitted a claim for Adhesive Capsulitis of the Right Shoulder with Partial Rotator Cuff Tear associated with an industrial injury date of October 6, 2011. Medical records from 2013 were reviewed, which showed that the patient made excellent progress following right shoulder arthroscopic surgery. Pain and range of motion significantly improved. On physical examination of the right shoulder, there was slight limitation in forward elevation and abduction. Neer, Hawkins, and O'Brien's were negative. Some weakness was noted. Treatment to date has included physical therapy, home exercise program, acupuncture, trigger point injections, right shoulder arthroscopy, and medications including hydrocodone/APAP 10/325 mg (since December 2013), cyclobenzaprine 10 mg (since November 2013), and Medrox ointment (since October 2013). Utilization review from December 19, 2013 denied the request for HYDROCODONE APAP 10/325MG #60, CYCLOBENZAPRINE 10MG #30, and MEDROX OINTMENT. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Med Hydrocodone APAP 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, hydrocodone/APAP was being prescribed since December 2013 (6 months to date); however, the medical records did not clearly reflect continued analgesia, functional benefit, or a lack of adverse side effects or aberrant behavior. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. There is no clear indication for continued opioid use; therefore, the request for MED HYDROCODONE APAP 10/325MG #60 is not medically necessary.

Cyclobenzaprine 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 9792.24.2 Page(s): 63-66.

Decision rationale: According to pages 63-66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP); however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, cyclobenzaprine was being prescribed since November 2013 (7 months to date) but guidelines recommend muscle relaxants for short-term treatment only. Furthermore, there was no documentation of continued functional benefit from medication use. Moreover, the latest medical note did not reveal findings of muscle spasm, which may warrant use of a muscle relaxant. There is no clear indication for continued use of cyclobenzaprine; therefore, the request for CYCLOBENZAPRINE 10MG #30 is not medically necessary.

Medrox Ointment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , TOPICAL ANALGESIC,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN SECTION, CAPSAICIN

Decision rationale: Medrox ointment is a compounded medication that includes 5% methyl salicylate, 20% menthol, and 0.0375% capsaicin. Pages 111-113 of the CA MTUS Chronic Pain

Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain. According to the guideline, topical salicylate is significantly better than placebo in chronic pain. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the capsaicin component, the guideline states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. Guidelines state that capsaicin in a 0.0375% formulation is not recommended for topical applications. Moreover, any compounded product that contains at least one drug that is not recommended is not recommended. In this case, Medrox ointment was being prescribed since October 2013 (8 months to date); however, there was no documentation of continued functional benefit. Moreover, there is no clear rationale for using this medication as opposed to supported alternatives. Therefore, the request for MEDROX OINTMENT is not medically necessary.