

<b>Case Number:</b>	CM14-0109503		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/21/2007
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 35-year-old male who reported an injury on 02/21/2007. The mechanism of injury was not provided. Diagnoses include rotator cuff syndrome of the shoulder, sprains and strains of unspecified site of shoulder and upper arm, trigger finger acquired, sprain of neck, brachial neuritis or radiculitis NOS. Past treatments include medication and topical creams. Diagnostic studies were not provided. Surgical history was not provided. The clinical notes are hand written and hard to decipher. On 05/13/2014, the injured worker was seen for pain of the neck that was radiating to the left upper extremity. The injured worker had left shoulder pain with spasms also. There was tenderness to palpation of the cervical spine. The injured worker had a positive Spurling's test. The left shoulder revealed positive impingement and positive crepitus. Range of motion was hard to decipher. Medications included Nucynta 50 mg, Fexmid 7.5 mg, and Dendracin topical lotion. The rationale was not provided. The request for authorization was dated 05/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

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

**Decision rationale:** The request for Fexmid 7.5mg #60 is not medically necessary. The injured worker has a history of neck and shoulder pain. Fexmid is cyclobenzaprine. Muscle relaxants are recommended for short-term use for acute spasms of back. The CA MTUS guidelines recommend cyclobenzaprine as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is a lack of clinical information provided indicating how long the injured worker has used cyclobenzaprine, the guidelines recommend cyclobenzaprine as a short course of therapy. There is lack of documentation of spasms on exam. There is lack of frequency on the request. As such, the request is not medically necessary.

**Dendracin Top Lotion 120ml:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for Dendracin Top Lotion 120ml is not medically necessary. The injured worker has a history of neck and shoulder pain. The CA MTUS guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation and a 0.075% formulation. 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. Dendracin contains 0.0375% Capsaicin. The guidelines specifically state that there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Thus, the guidelines do not recommend 0.0375% Capsaicin. Furthermore, the guidelines state if one component or dosage is not approved, then the entire medication is not recommended. The guidelines also state any compound product that contains at least 1 drug or drug class that is not recommended is not recommended. There is lack of documentation of total functional improvement with stated medication. There are ingredients within the compound that are not recommended by the guidelines. The body part is not listed to which the medication is to be applied. As such, the request is not medically necessary.

**Nucynta 50mg #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) Pain (updated 06/10/14).

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

**Decision rationale:** The request for Nucynta 50mg #60 is not medically necessary. The injured worker has a history of neck and shoulder pain. California MTUS states opioid medications are not intended for long-term use. According to the guidelines, documentation of the side effects, aberrant behavior, functional improvement and pain relief should be done. Discontinuation is appropriate when there is no significant improvement in pain symptoms or documented functional improvement. There is lack of documentation as to the pain relief, side effects, or functional improvements from said medication. There is lack of frequency on request. As such, the request is not medically necessary.