

Case Number:	CM14-0013019		
Date Assigned:	02/24/2014	Date of Injury:	07/18/1999
Decision Date:	09/08/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/31/2014

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 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 injured worker is a male who sustained industrial-related injuries on July 19, 1999. As per progress report dated June 5, 2013, the injured worker reported swelling in the ears which was under evaluation. He has increased pain in the right neck with increase in muscle tension which felt like pinching and tingling sensation. On examination, the right upper extremity strength was 4/5 with limited at end range of motion. Left upper extremity was normal. Tight/taut bands of muscle in the right scapular region and right neck myofascial tissue were noted. Per medical records from September 5, 2013, he reported numbness and tingling sensation on his shoulders to his hands. He has decreased grip and would drop items at times. He was having trembling of the hands, right side worse than the left. Physical examination remained unchanged since the last visit. The examination conducted on December 5, 2013 reported muscle tension along the neck area which increased with pain level. Objectively, same physical examination findings were noted. He is diagnosed with unspecified myalgia and myositis, pain in joint, shoulder region, and cervicalgia. Medications include Flexeril 10 milligrams #180, Voltaren gel 100 grams #5, Kohana Pharmacy-brand Cream #7 with a three-month supply, and Celebrex 200 milligrams #90 with a three-month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10 MG #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril),;Muscle relaxants (for pain) Page(s): 41-42; 64.

Decision rationale: Evidence-based guidelines indicate that Flexeril (cyclobenzaprine) is recommended as an option and is only for a short-course therapy. It is noted that this documentation is greatest in the first four days of treatment suggesting that shorter courses may be better and is also only indicated for post-op use and fibromyalgia. In this case, the injured worker has been utilizing Flexeril since June 5, 2013 which is clearly evident that this is being used on a long term basis. Also, there is no indication that the injured worker has undergone surgery and has fibromyalgia. Based on this information, the medical necessity of the Flexeril 10 milligrams is not established, and the requested service is not medically necessary.

VOLTAREN GEL 100GM #5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics.

Decision rationale: Voltaren gel, which is the only Food and Drug Administration-approved agent for topical nonsteroidal anti-inflammatory drugs, is indicated only for osteoarthritis pain in joints specifically on the ankle, elbow, foot, hand, knee, and wrist. Evidence-based guidelines indicate that this medication has not been evaluated for treatment of the spine, hip, or shoulder. In this case, the injured worker continued to complain of neck pain and has been diagnosed with unspecific myalgia, myositis, pain in the shoulder region joint and cervicalgia. These conditions and the injured body parts are not recommended to be treated with Voltaren gel. Therefore, the medical necessity of the requested Voltaren gel 100 grams #5 is not medically necessary.

KOHANA PHARMACY CREAM #7/3 MONTH SUPPLY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Topical Analgesics.

Decision rationale: The provided documents reviewed do not indicate what the major components of the requested Kohana Pharmacy Cream #7 and there is no specific or compelling rationale to warrant the use of this medication. The components and the rationale for the use of this topical agent must be provided in order to at least know if the components are recommended

by current evidence-based guidelines. Due to lack of sufficient information, the medical necessity of the requested cream is not established, and therefore it is not considered medically necessary.

CELEBREX 200MG #90/3 MONTH SUPPLY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: In spite of the fact that the injured worker is a male, there is no indication in the documents that he is at risk for any gastrointestinal events. There is also no evidence that generic nonsteroidal anti-inflammatory drugs have been tried, failed to address this injured workers' condition, or have caused adverse effects. Based on this information, the medical necessity of Celebrex 200 milligrams #90 with a three-month supply is not medically necessary.