

Case Number:	CM14-0015899		
Date Assigned:	06/11/2014	Date of Injury:	10/10/2003
Decision Date:	08/06/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/07/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, chronic wrist pain, a trigger thumb, a ganglion cyst, and adhesive capsulitis of the shoulder reportedly associated with an industrial injury of October 10, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; manipulation under anesthesia surgery of March 1, 2013; unspecified amounts of physical therapy over the course of the claim; and the apparent imposition of permanent work restrictions. The applicant does not appear to be working with said permanent limitations in place. In a Utilization Review Report dated January 21, 2014, the claims administrator denied a request for cyclobenzaprine, tramadol, and a Biotherm lotion. The applicant's attorney subsequently appealed. A January 21, 2014 progress note is notable for comments that the applicant was not working. The applicant reported 9/10 pain without medications and 7/10 pain with cyclobenzaprine and tramadol. The applicant was still having difficulty with gripping, motion, and difficulty sleeping, it was stated. Tramadol, cyclobenzaprine, and Limbrel were endorsed. The applicant was asked to continue icing and trying to do home exercises. Permanent work restrictions were renewed. An earlier note of December 18, 2013 was notable for comments that the applicant reported 10/10 pain without medications and 8/10 pain with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 10 MG #30: 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 Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of oral and topical agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

TRAMADOL 50 MG #200: 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 When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant's reduction in pain levels from 10/10 to 8/10 on one occasion and 9/10 to 7/10 on other occasion appeared to be marginal to negligible at best and is outweighed by the applicant's failure to return to work, difficulty gripping, and difficulty reaching overhead. Therefore, the request is not medically necessary.

BIO-THERM LOTION 4 OZ X 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as the compound in question here. It is further noted that this particular compound was not specifically referenced on several progress notes, referenced above, and that the attending provider did not provide any narrative rationale or commentary to justify selection and/or ongoing usage of the same. Therefore, the request is not medically necessary.