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| Case Number: | CM14-0125372 | | |
| Date Assigned: | 08/11/2014 | Date of Injury: | 07/22/2004 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 07/15/2014 |
| Priority: | Standard | Application Received: | 08/06/2014 |

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 Pain Medicine and is licensed to practice in Texas and Ohio. 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 62 year old male who reported a date of injury of 07/22/2004. The mechanism of injury was not indicated. The injured worker had diagnoses of cervical radiculitis, chronic pain syndrome, chronic myofascial dysfunction and cervical bulge with nerve root impingement/neuroforaminal stenosis. Prior treatments included a functional restoration program. The injured worker had an MRI and an EMG (electromyography). Surgeries included an epidural steroid injection on 08/10/2012 and a C5-6 anterior cervical fusion on 12/13/2007. The injured worker had complaints of upper back and neck pain with tingling and stiffness, right hand pain, right arm pain to the shoulder and weakness, he also had complaints of electrical sensations into the leg. The clinical note dated 05/28/2014 included findings the injured worker had decreased sensations in the arms bilaterally, a positive Spurling's test, positive myofascial triggers at C5, C6 and C7 bilaterally and decreased grip. The physician noted the injured worker had a 20 percent decrease in range of motion to all planes. Medications included Cymbalta, Tramadol, Norco, Ambien, Xoten topical cream, Flexeril and Naprosyn. The treatment plan included the continuation of medications and a home exercise program. The rationale and request for authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Xoten: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical non-steroidal anti-inflammatory.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112..

Decision rationale: The request for 1 prescription of Xoten is not medically necessary. The injured worker had complaints of upper back and neck pain with tingling and stiffness, right hand pain, right arm pain to the shoulder and weakness. He also had complaints of electrical sensations into the leg. Xoten is comprised of methyl salicylate, menthol and capsaicin. The California MTUS guidelines indicate topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments and is indicated for osteoarthritis, fibromyalgia, and chronic non-specific back pain. The guidelines note topical salicylate is significantly better than placebo in chronic pain. The injured worker is noted to have been taking Cymbalta, which is an antidepressant since the 01/08/2014 examination; however, there is a lack of documentation the injured worker has failed the use of this medication or that of an anticonvulsant has been tried as well. Furthermore, the requested topical medication contains Capsaicin. The guidelines recommend Capsaicin only after the patient has not responded or is intolerant to other treatments. There is a lack of documentation indicating the injured worker has failed other treatments or is intolerant to medications. There is a lack of documentation indicating the injured worker has osteoarthritis, fibromyalgia or chronic non-specific back pain. Additionally, the request as submitted did not specify a specific site of application or the frequency for the medications use. As such, the request is not medically necessary.

1 Prescription of Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64..

Decision rationale: The request for 1 prescription of Flexeril is not medically necessary. The injured worker had complaints of upper back and neck pain with tingling and stiffness, right hand pain, right arm pain to the shoulder and weakness. He also had complaints of electrical sensations into the leg. The California MTUS guidelines recommend the use of Flexeril for a short course of therapy for no longer than 2-3 weeks. There is limited mixed evidence for the chronic use of Flexeril. It has been shown to provide modest benefits in the treatment of fibromyalgia. Dosage is recommended at 5mg three times a day and can be increased to 10 mg three times a day. The injured worker is noted to have been taking Flexeril since the examination of 01/08/2014. The guidelines recommend treatment with Flexeril for no more than 2-3 weeks. The duration the injured worker has been utilizing this medication exceeds the guidelines recommendation of 2-3 weeks. Furthermore, there is a lack of documentation demonstrating the

injured worker has significant muscle spasms upon physical examination. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request as submitted does not specify a dose of the medication or the frequency of the medications use. As such, the request is not medically necessary.

1 Prescription of Naprosyn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drug) GI symptoms & cardio.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs), Page(s): 67-68..

Decision rationale: The request for 1 prescription of Naprosyn is not medically necessary. The injured worker had complaints of upper back and neck pain with tingling and stiffness, right hand pain, right arm pain to the shoulder and weakness. He also had complaints of electrical sensations into the leg. The California MTUS guidelines recommend NSAID's at the lowest dose for the shortest period in patients with moderate to severe pain, usually 2-3 weeks. The guidelines recommend a dosage of Naprosyn for 250-500mg twice daily. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis with neuropathic pain. There is a lack of documentation indicating the severity of the injured worker's pain. The guidelines indicate the use of Naprosyn should be for a short period of 2-3 weeks, the injured worker is noted to have been taking this medication since the 01/08/2014 examination, the duration the injured worker has been utilizing the medication exceeds the recommended guidelines. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the guidelines recommend a dosage of 250-500mg twice daily however the request as submitted did not specify the dose of the medication or the frequency of its use. As such, the request is not medically necessary.