

<b>Case Number:</b>	CM14-0150963		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	08/04/2013
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 & Rehabilitation and is licensed to practice in Illinois. 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 57-year-old male who reported an injury on 08/04/2013. The mechanism of injury was the injured worker was standing on a 10 foot ladder, lifting a box to a shelf and the ladder came out from under the injured worker, and the injured worker tried to hold on to the shelf with his left arm. The injured worker's right ankle got caught in the ladder as he was falling. The injured worker fell approximately 10 feet and landed on a concrete floor on his right side. The surgical interventions included an arthroscopic surgical procedure for the shoulder which was converted to an open procedure in 10/2013 and 11/2013. The injured worker underwent a urine drug screen on 07/21/2014. Prior therapies included physical therapy and a TENS unit. The injured worker was noted to be utilizing opiates since at least 02/2014. Prior diagnostic studies included a CT scan and x-rays. The injured worker underwent an MRI of the right shoulder. The documentation of 07/21/2014 revealed had tightness across the anterior aspect and limited range of motion of the right shoulder. The office note was handwritten and difficult to read. There was noted to be no functional change. The diagnoses included right ankle tendinosis and left shoulder sprain and strain. The treatment plan included Norco 5/325 mg 1 PO BID every 6 hours and cyclobenzaprine cream apply twice a day due to increased muscle spasms on an as needed basis 60 gm, both with 1 refill. There was no documented rationale for the Norco 5/325 mg. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE CREAM 60GM BID PRN REFILL 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Cyclobenzaprine Page(s): 111, 41.

**Decision rationale:** The California Medical Treatment & Utilization Schedule guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2- orally. They do not recommend the topical use of Cyclobenzaprine as topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The duration of use could not be established through supplied documentation. There was a lack of documentation indicating the injured worker had neuropathic pain and that trials of antidepressants and anticonvulsants had failed. Additionally, there was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request failed to indicate a necessity for 1 refill without re-evaluation. The request failed to indicate the body part to be treated. Given the above, the request for cyclobenzaprine cream 60 gm. bid prn refill 1 is not medically necessary.

**NORCO 5/325MG #60 BID PRN REFILL: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-78, 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was or was not having side effects. There was documentation the injured worker underwent a urine drug screen. There was a lack of documentation indicating a necessity for refill times 1. Given the above, the request for Norco 5/325 mg #60 bid prn refill 1 is not medically necessary.