

Case Number:	CM14-0164758		
Date Assigned:	10/09/2014	Date of Injury:	12/11/2012
Decision Date:	11/10/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/07/2014

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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 41 year old male with a date of injury on 12/11/2012. The patient is receiving ongoing treatment for pain in the neck, mid/upper and lower back, left shoulder, and left upper extremity. Subjective complaints are of pain in numerous areas rated at 7-10/10. Physical exam shows tenderness over the cervical, thoracic and lumbar paraspinal muscles, with decreased range of motion, and positive bilateral straight leg raise test. There is also tenderness in the left shoulder, left elbow and forearm. Records indicate that the patient had surgery for a radial head fracture, and underwent postsurgical physical therapy. Medications include Naproxen, cyclobenzaprine, and compounded topical formulations.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: CA MTUS recommends allowance for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. For unspecified

myalgia/neuritis 8-10 visits over 4-8 weeks are recommended. Submitted records identify prior physical therapy sessions. Documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial at this point in the patients care. Therefore, the request for 12 additional physical therapy sessions exceeds guideline recommendations and is not medically necessary.

1 prescription Fluriflex #180gm: 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 TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. This product combines flurbiprofen and cyclobenzaprine. Guidelines do not recommend topical cyclobenzaprine as no peer-reviewed literature support its use. CA MTUS indicates that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but with a diminishing effect over another 2-week period. CA MTUS also indicates that topical NSAIDS are not recommended for neuropathic pain as there is no evidence to support their use. CA MTUS does indicate that they are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints amenable to topical treatment. For this patient, documentation does not indicate the anatomical area for its use. Therefore, the medical necessity of this medication is not established.

1 prescription TGHOT, #180gm: 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 TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. While capsaicin has some positive results in treating osteoarthritis, fibromyalgia and non-specific back pain, it has shown moderate to poor efficacy. Guidelines do not recommend topical tramadol or gabapentin as no peer-reviewed literature supports their use. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. In addition to capsaicin and menthol not being supported for use in this patient's pain, the medical records do not indicate the anatomical area for it to be applied. Due to this medication not being in compliance to current use guidelines, the requested prescription is not medically necessary.

1 prescription Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: CA MTUS guidelines indicate that the use of cyclobenzaprine should be used as a short term therapy, and the effects of treatment are modest and may cause adverse effects. This patient had been using a muscle relaxant chronically which is longer than the recommended course of therapy of 2-3 weeks. Furthermore, muscle relaxers in general show no benefit beyond NSAIDS in pain reduction of which the patient was already taking. There is no evidence in the documentation that suggests the patient experienced improvement with the ongoing use of cyclobenzaprine. Due to clear guidelines suggesting cyclobenzaprine as short term therapy and no clear benefit from adding this medication, the requested prescription for cyclobenzaprine is not medically necessary.