MAXIMUS Federal Services

Case Number:	CM14-0179835		
Date Assigned:	11/04/2014	Date of Injury:	06/21/1999
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/29/2014

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:

According to the provided documents, the injured worker is a 58-year-old woman injured on 6/21/99. Original mechanism of injury was not mentioned in the documents provided. The disputed treatment is being addressed are Ultracin 20/10/0.025% 120gm, DOS 8/20/14, Cyclobenzaprine HCL 10mg #60, DOS 8/20/14, and Acetaminophen/Codeine 300/30mg #60, DOS 8/20/14. These are addressed in utilization review determination of 10/8/14. The use of the Tylenol with Codeine as well as the Cyclobenzaprine (brand-name Flexeril) was listed in a PR-2 of 7/18/12 as one of the medications the patient was already taking at the time of that visit. The medications were refilled that visit as well. Diagnoses at that time (handwritten and abbreviated and difficult to interpret) appeared to be right shoulder strain bursitis, AC degeneration, impingement and left knee patellofemoral arthritis, and medial compartment osteoarthritis with a history of scope. In that report it indicated subjectively she was having flare-ups of the right shoulder and left knee pain. There is also an appeal of utilization review denial dated 5/25/11 that noted the patient restarted taking Tylenol with Codeine on 1/19/11. Utilization review determination letter of 10/8/14 referenced a medical report of 8/19/14 which was not provided for this review. Utilization review determination indicated that per that report the patient was continuing to experience right shoulder pain, worse at night. The patient was 5-10/10 with medications and 7-8/10 without medications. There was noted to be tenderness in the right supraspinatus tendon and AC joint, decreased writ range of motion and motor strength. There is positive impingement. Medication refills were requested. The patient was retired and remains temporary total disability (TTD). The only the body part mentioned was the right shoulder and the diagnoses were not mentioned in the utilization review determination letter. Same letter indicated patient had been prescribed Cyclobenzaprine and Tylenol #3 on 4/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective, Ultracin 20/10/0.025% 120gm, DOS 8/20/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. According to the website above, this topical compound contains Capsaicin 0.025% which is recommended as an option for patients who have not responded or are intolerant to other treatments. It also contains 10% Menthol and 28% Methyl Salicylate. The only analgesic medications mentioned in the provided documents are Darvocet and 100 and Tylenol with Codeine. There is no mention of any trial of nonnarcotic analgesics or other medications for chronic pain. It is not known from the documents how long the patient has tried this or if this is a new prescription. Without any clear documentation of failure or intolerance to other alternative treatments, the topical Capsaicin is not supported by the evidence or the guidelines and is therefore not medically necessary based upon the available information. Therefore, the entire compound topical is not medically necessary.

Retrospective, Cyclobenzaprine HCL 10mg #60, DOS 8/20/14: Upheld

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

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

Decision rationale: Cyclobenzaprine is a sedating muscle relaxant also known as the brand Flexeril. MTUS guidelines only recommend this medication for a short course of therapy. Guidelines state that evidence does not allow for a recommendation for chronic use. The greatest effect is said to be within the 1st 4 days of treatment. Use longer than 2-3 weeks is not supported. The medical records clearly document the use of this medication is chronic. Furthermore, there does not appear to be any objective functional benefit from the chronic use. There is no other rationale support chronic use either. Thus, based upon the evidence and the guidelines, this is not considered to be medically necessary.

Retrospective, Acetaminophen/Codeine 300/30mg #60, DOS 8/20/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Codeine; Opioids Page(s): 92;78-80.

Decision rationale: The patient's use of the Tylenol with Codeine has clearly been chronic, for well over one year. There is no indication that use has resulted in decreased need for medical treatment or specific improvement in function. MTUS guidelines recommend continued opioids if the patient's return to work or that has been improved functioning and pain. The patient has had chronic, long-standing pain and since she is TTD she apparently remains functionally limited as well. MTUS guidelines do not support continued ongoing use of the Tylenol with Codeine given this information. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.