

Case Number:	CM14-0023215		
Date Assigned:	05/14/2014	Date of Injury:	10/04/2007
Decision Date:	08/12/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/24/2014

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 patient is a 40-year-old male who has filed a claim for cervical degenerative disc disease associated with an industrial injury date of December 01, 2007. Review of progress notes indicates right lateral knee pain, neck pain, right shoulder pain, and low back pain. The patient is status post right shoulder surgery with full range of motion and increased strength. Findings of the right knee include tenderness over the lateral joint line and positive McMurray's laterally. There was decreased range of motion of the cervical and lumbar spines. Treatment to date has included topical analgesics, lumbar epidural steroid injections, injection to the right shoulder and right knee, acupuncture, physical therapy, hot/cold packs, massage, TENS, and right shoulder arthroscopic subacromial decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (7.5mg, #90): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain): Antispasmodics: Cyclobenzaprine (Flexeril) Page(s): 64.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant that is recommended as a short-course therapy. The effect is greatest in the first 4 days of treatment. There is no documentation as to whether this patient has been started on this medication. In this case, there is no documentation of acute exacerbation of pain, or of significant muscle spasms, to support the continued use of this medication. Therefore, the request is not medically necessary.

Tramadol ER (150mg, #45): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain; Opioids for Neuropathic Pain; Opioid Hyperalgesia; Tramadol Page(s): 80, 82-84, 93, and 95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-82.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, a therapeutic trial of opioids is recommended in cases where non-opioid analgesics have failed, goals of therapy have been set, baseline pain and functional assessments have been made, likelihood of improvement is present, and likelihood of abuse or adverse outcome is absent. Guidelines also state that there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is no documentation as to when this patient was started on this medication. The urine drug screen from October 2013 detected presence of tramadol. However, there is no documentation regarding symptomatic improvement or objective functional benefits derived from this medication. There is also no documentation regarding the patient's current medication regimen. Therefore, the request is not medically necessary.

Compound Containing: Capsaicin (0.0375%), Menthol (10%), Camphor (2.5%) and Tramadol (20%), 180gm,: 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 Capsaicin, Topical Analgesics Page(s): 28, 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical Salicylates.

Decision rationale: The 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. Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. The FDA has issued an alert in 2012 indicating that topical over the counters (OTC) pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. There is no guideline evidence support the topical application of tramadol. In addition, there is no guideline evidence showing greater efficacy of the 0.0375% preparation of capsaicin. It is

unclear as to why a topical versus an oral pain medication is necessary in this patient. Therefore, the request is not medically necessary.

Compound Containing: Flurbiprofen (25%) and Diclofenac (10%), 180gm,: 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 Page(s): 111-113.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, there is little to no research as for the use of flurbiprofen in compounded products. Guidelines also state that Voltaren gel is indicated for relief of osteoarthritis pain in the joints that lend themselves to topical treatment, which includes the ankles, elbows, feet, hands, knees, and wrist. In this case, there is no documentation regarding intolerance to or failure of conventional pain medications. In addition, flurbiprofen is not recommended for topical use. Therefore, the request is not medically necessary.

Chiropractic Treatment (to the shoulder and knee - 2 times per week for 6 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that the goal of manual therapy is to achieve positive symptomatic or objective measurable functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is not recommended for the knee. A trial of six visits is recommended, and with evidence of objective functional improvement, a total of up to 18 visits are supported. In this case, the patient is status post right shoulder arthroscopy with significant improvement, and has not had previous chiropractic therapy. A trial course of chiropractic therapy may be reasonable for the patient's shoulder, but not for the knee. Therefore, the request is not medically necessary.

Urine Drug Screen (UDS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Screen (UDS) Page(s): 77-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: As stated in the Chronic Pain Medical Treatment Guidelines, urine drug screens are recommended as an option to assess order use or presence of illegal drugs and as ongoing management for continued opioid use. In this case, there is no documentation of the patient's current medication regimen, or documentation of evidence to suspect aberrant drug use in this patient. Additional information is necessary to support this request. Therefore, the request is not medically necessary.