MAXIMUS Federal Services

Case Number:	CM14-0031182		
Date Assigned:	05/02/2014	Date of Injury:	03/08/2010
Decision Date:	07/17/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/30/2014

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 Internal 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:

This is a 47-year-old female patient with a 3/8/10 date of injury. The mechanism of injury was due to cumulative trauma. A 1/10/14 progress report indicated that the patient complained of the pain in the neck, 7/10, left shoulder and in the right knee, 6/10. Her pain level decreased with medication. Objective findings of the cervical spine demonstrated tenderness over the paraspinal muscles, left shoulder joint and right knee joint with decreased range of motion. On 4/18/13 the patient had urine drug screen test, which was positive for Cyclobenzaprine. She was diagnosed with cervical spine herniated nucleus pulposus, status post left shoulder surgery, status post right knee surgery. Treatment to date: medication management, activity modification.There is documentation of a previous 1/21/14 adverse determination, because the efficacy of ultrasound therapy for treating chronic musculoskeletal issue and pain is dubious. Regarding the Cyclobenzaprine, guidelines support only short-term use of non-sedating muscle relaxants. Exoten-C gel: topical medications, are considered, per the CA MTUS, "largely experimental".

IMR ISSUES, DECISIONS AND RATIONALES

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

PORTABLE ULTRASOUND MACHINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

Decision rationale: MTUS states that therapeutic ultrasound is not recommended, with little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating pain or a range of musculoskeletal injuries or for promoting soft tissue healing. However, it was noted in the most recent progress note that the provider would like the patient to have a portable ultrasound machine to alleviate some of her symptomatology. There is no clear documentation of significant functional improvement with the use of ultrasound that would substantiate the purchase of a home ultrasound machine. In addition, there is no discussion provided to establish medical necessity for ultrasound despite the fact that it is not supported by evidence-based guidelines. Therefore, the request for portable ultrasound machine was not medically necessary.

CYCLOBENZAPRINE 7.5MG #90: 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 Page(s): 63.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases; they show no benefit beyond NSAIDs in pain and overall improvement. However, the patient was noted that to be taking Cyclobenzaprine for more than a year. There is no description of an acute exacerbation of the patient's chronic pain that would benefit from a short-term course of muscle relaxants. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. Therefore, the request for cyclobenzaprine 7.5mg #90 was not medically necessary.

EXOTEN-C PAIN RELIEF GEL 120ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29, 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: A search of online resources identifies that Exoten C Pain Lotion contains Methyl salicylate 20%; Menthol USP 10%; Capsaicin 0.002%. CA MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not

recommended. ODG concludes that evidence is limited by the quality, validity and size of the available studies, particularly for studies in acute pain conditions like strains and sprains, where there was inadequate information to support the use of topical rubefacients containing salicylates. CA MTUS states that topical capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. However, there is no documentation that the patient has failed treatment with conventional therapy. Therefore, the request for Exoten-C Pain Relief 120 mL was not medically necessary.