

Case Number:	CM14-0051737		
Date Assigned:	06/23/2014	Date of Injury:	03/01/1988
Decision Date:	07/22/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/21/2014

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 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 injured worker is a 52 year old male who reported an injury on 03/01/1988. The mechanism of injury was not provided. The injured worker had an exam on 11/18/2013 with complaints of acute spasms of back and ongoing burning of feet. The injured worker revealed that he had to kneel on both knees with knee pads and with his foot pain. He also had problems getting up. He reported being unable to use the right shoulder and used one hand for most things. He has had previous bilateral shoulder shots, electrical stimulator, massage therapy once a week, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy for the right shoulder, which he reported has not helped. His diagnoses consisted of post laminectomy syndrome, chronic radiculopathy, neuropathy, sprain/strain rotator cuff repair and depression/anxiety related to chronic pain. The recommended plan of treatment is to continue Tramadol, trial of Nucynta, trial of Flexeril, capsaicin cream and Medrol pack. The request for authorization was signed on 11/18/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #25: 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 (Flexeril) Page(s): 41-42.

Decision rationale: The California MTUS Guidelines recommend short courses of treatment using flexeril. The effect of flexeril on back pain is modest and comes at the price of greater adverse effects. The guidelines state that the addition of flexeril to other agents is not recommended. The recommendation for the injured worker is to add flexeril along with the use of Tramadol, Nucynta and Medrol pack. Furthermore, the request does not specify directions, duration and frequency of use. Therefore the request for flexeril is not medically necessary.

Capsaicin cream ES 3% 6oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

Decision rationale: The California MTUS guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There was a lack of documentation provided to support lack of response or intolerance to other treatments. The guidelines also state that there has been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The request recommends capsaicin cream 3%, which is higher than the recommended dose. Furthermore, the directions of use, placement and duration were not on the request. Therefore the request for capsaicin cream is not medically necessary.