

<b>Case Number:</b>	CM14-0058474		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/01/2008
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 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:

This is a 60-year-old male with a 6/1/08 date of injury; the mechanism of the injury was not described. The reviewer's note dated 4/1/14 indicated that the patient was seen on 2/12/13 with complaints of increasing symptoms in the lumbar spine and chronic headaches and migraines secondary to the cervical pathology. The symptoms in the right groin/right lower extremity were unchanged. Exam findings revealed tenderness of the cervical paravertebral muscles and upper trapezial muscle with spasm, positive axial loading compression test and positive Spurling's maneuver. The examination of the lumbar spine revealed pain and tenderness in the mid to distal lumbar segments, paravertebral muscle spasm and restricted range of motion. The patient had an L3-L4 root type pain in the lower extremity extending from the right flank into the right groin and inguinal region. The patient was taking Naproxen, Cyclobenzaprine, Sumatriptan, Ondansetron, Omeprazole and Medrox pain relief ointment. The diagnosis is cervical and lumbar discopathy with radiculitis and right greater trochanteric bursitis. Treatment to date: medications. An adverse determination was received on 4/1/14. The request for Cyclobenzaprine Hydrochloride 7.5mg #120 was modified to #20 given that the relatedness of the patient's condition to the industrial injury had not been determined and that long-term usage of muscle relaxants was not recommended. The request for Medrox Pain Relief Ointment 120gm times 2 was denied given that there was a lack of documentation indicating that the patient tried and failed first-line oral medications for the neuropathic pain, such as antidepressants or anticonvulsants. There was no indication that the patient was intolerant or unresponsive to all other treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Cyclobenzaprine Hydrochloride 7.5mg #120; 2/13/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines -TWC pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42; 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain (LBP) cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. There is a lack of documentation indicating for how long the patient was using Cyclobenzaprine and there is no subjective or objective gains documented from the previous treatment. In addition, the UR decision dated 4/1/14 modified the request for Hydrochloride 7.5mg #120 to # 20 given that the relatedness of the patient's condition to the industrial injury had not been determined and that more than 3 weeks usage of muscle relaxants was not recommended. Any new documentation was not submitted for the review. Therefore, the request for Cyclobenzaprine Hydrochloride 7.5mg #120 was not medically necessary.

**Retro: Medrox Pain Relief Ointment 120gm times 2; 2/13/2013: Upheld**

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

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

**Decision rationale:** Regarding Medrox, a search of online resources identifies Medrox ointment to be a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. There is no clear rationale for using this medication as opposed to supported alternatives. In addition, the UR decision dated 4/1/14 denied the request for Medrox Pain Relief Ointment 120gm times 2 given that there was a lack of documentation indicating that the patient tried and failed first-line oral medications for the neuropathic pain, such as antidepressants or anticonvulsants. There was no indication that the patient was intolerant or unresponsive to all

other treatments. Any new documentation was not submitted for the review. Therefore, the request for Medrox Pain Relief Ointment 120gm times 2 was not medically necessary.