

Case Number:	CM14-0061522		
Date Assigned:	07/09/2014	Date of Injury:	06/17/2009
Decision Date:	08/13/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/02/2014

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 61 year old male who was injured on 6/17/2009. The diagnoses are lumbar radiculopathy, right shoulder bursitis, carpal tunnel syndrome and neck pain. The past surgical history is significant for right shoulder surgery in 2010 and C5-C6 fusion in 2011. The EMG/NCS was noted to be normal in 2013. In 2013, the MRI of the cervical spine showed multilevel degenerative disc disease, facet arthropathy and canal stenosis. The patient completed PT, Chiropractic treatments and epidural steroid injections. On 3/17/2014, [REDACTED], noted subjective complaints of 5-7/10 pain score in a scale of 0 to 10. There was tenderness to palpation of the trapezius area and a positive Spurling's sign. The complaint of constipation was being treated with medications. An Authorization for cervical spine surgery was pending. A Utilization Review determination was rendered on 4/8/2014 recommending non certification for cyclobenzaprine 7.5mg #30, Docuprene 100mg #60, tramadol 50mg #90 and LidoPro topical ointment 4oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants(for pain), Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66.

Decision rationale: The CA MTUS addressed the use of muscle relaxants for the treatment of muscle spasms associated with chronic pain. It is recommended that the duration of use be limited to less than 4 weeks to decrease the incidence of addiction, dependency sedation and adverse interactions with the concurrent use of other sedatives and opioids. The record indicate that the patient has been utilizing cyclobenzaprine, a sedating muscle relaxant for years. The patient did not meet the criteria for the use of cyclobenzaprine 7.5mg #30.

Docuprene 100 mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-96.

Decision rationale: The CA MTUS addressed the use of medications for the prevention and treatment of opioids induced constipation. The use of medications is recommended when first line measures such as increase in fluids and dietary fibre intake have failed. The records indicate that the patient have complained of chronic medication induced constipation that did not respond to non medication measures. The criteria for the use of Docuprene 100mg #60 was met.

Tramadol 50 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-96, 111, 119.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Tramadol is an analgesic that acts on both opioid and non opioid receptors. It is associated with less opioid addictive and sedative properties than pure opioid analgesics. It can be used as first line medication during exacerbation of chronic pain. The record indicate that the severity of the patient's neck pain had significantly increased. An authorization for revision of cervical spine surgery is pending. The patient had failed PT and epidural steroid injections. The criteria for the use of Tramadol 50mg #90 was met.

LidoPro topical ointment 4 oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 111-113.

Decision rationale: The CA MTUS addressed the use of topical analgesic preparations for the treatment of neuropathic pain and osteoarthritis. Topical analgesic preparations can be utilized when trials of first-line anticonvulsants and antidepressants have failed. The record did not show that the patient failed treatment with these first-line medications. LidoPro ointment contains lidocaine 4.5%, capsaicin 0.0325%, salicylate 27.5% and menthol 10%. There is lack of evidence based guideline support for the use of topical menthol for chronic pain. It is recommended that compound preparations containing approved drug classes such as lidocaine and capsaicin be tried and evaluated individually. The criteria for the use of LidoPro topical ointment 4 oz was not met.