

Case Number:	CM14-0077550		
Date Assigned:	09/10/2014	Date of Injury:	01/17/2012
Decision Date:	12/17/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/27/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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 male patient with a date of injury of January 17, 2012. A utilization review determination dated April 30, 2014 recommends denial of Cyclobenzaprine 7.5 mg #120 with modification to #20, Tramadol 150 mg #90 with modification to #60, and Medrox ointment 120gm x2. A progress note dated March 18, 2013 identifies subjective complaints of chronic headaches, tension between the shoulder blades, migraines, and chronic low back pain. The patient's symptoms in bilateral shoulders, bilateral hips, and left ankle have not changed significantly. The patient reports compliance with the medications provided to him in the past but complains of an upset stomach with the use of naproxen. The patient continues to utilize the naproxen because it offers him temporary pain relief allowing him to perform his activities of daily living. The physical examination reveals tenderness at the cervical paravertebral muscles and upper trapezius muscles with spasm. There is limited cervical range of motion, there is pain in bilateral shoulders with terminal motion, there is a positive impingement sign in the right shoulder, there is tenderness to palpation of the lumbar paravertebral muscles, internal rotation and external rotation of bilateral hips is essentially within normal limits, and there is some pain and tenderness in the anterolateral left ankle region. The diagnoses include multilevel cervical discopathy with radiculitis, bilateral shoulder impingement syndrome with rotator cuff tear, lumbar discopathy with radiculitis, carpal tunnel/double crush syndrome, rule out internal derangement of bilateral hips, and rule out internal derangement of the left ankle. The treatment plan recommends continuation of a comprehensive home exercise program, Naproxen Sodium 550 Mg #120, Omeprazole 20 Mg #120, Ondansetron 8 Mg #30 X2, Cyclobenzaprine 7.5 Mg #120, Sumatriptan 25 Mg #9 X2, Tramadol Extended Release 150 mg #90, and Medrox pain relief ointment 120gm x2. Regarding the Cyclobenzaprine it is noted that the patient is being prescribed the medication due to palpable paravertebral muscle spasms in the cervical and

lumbar spine, the patient reported having relief of the symptoms with the use of Cyclobenzaprine in the past, the patient is aware that the medication should only be taken in short courses for acute spasms, and the patient reports that she has also received sleep benefit from this medication so it is also being prescribed in an off label capacity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #120 DOS 03/18/2013: Overturned

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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine 7.5mg #120, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is identification of past specific analgesic benefit improvement as a result of the Cyclobenzaprine. Additionally, it appears that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. As such, the currently requested Cyclobenzaprine 7.5mg #120 is medically necessary.

Tramadol HCL 150mg #90 DOS 03/18/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for tramadol 150mg #90, California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Tramadol 150mg #90 is not medically necessary.

Medrox Ointment 120gm x 2 DOS 03/18/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: Regarding request for Medrox ointment 120gm x2, Medrox is a combination of Methyl Salicylate, Menthol, and Capsaicin. 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. MTUS Chronic Pain Medical Treatment Guidelines additionally state Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have 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. Medrox contains Methyl Salicylate 20%, Menthol 5%, and Capsaicin 0.0375%. Within the documentation available for review, there is no substantial indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used only for short duration, as recommended by guidelines. Additionally, there is no indication that the patient has been intolerant to, or not responded to other treatments prior to the initiation of Capsaicin therapy. Finally, guidelines do not recommend topical Capsaicin in a 0.0375% formulation. As such, the currently requested Medrox ointment 120gm x2 is not medically necessary.