MAXIMUS Federal Services

Case Number:	CM13-0014779		
Date Assigned:	06/06/2014	Date of Injury:	05/22/2013
Decision Date:	05/15/2015	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/22/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 was a 56 year old male, who sustained an industrial injury on 5/22/2013. He has reported neck pain that radiated to shoulder, low back pain and bilateral knee pain. The diagnoses have included cervical discopathy, lumbar discopathy, carpal tunnel/crush syndrome, and rule out internal derangement bilateral knees. Treatment to date has included medication therapy and rest. Currently, the IW complains of neck pain associated with headaches and upper extremity numbness and tingling, pain in the low back with radiation to lower extremities, and bilateral knee pain. On 6/18/13, physical examination documented cervical tenderness and palpable muscle spasms, a positive axial loading compression test, and positive Spurling's maneuver. The provider documented signs consistent with carpal tunnel with positive Tinel's bilaterally. There was lumbar spine tenderness and pain with Range of Motion (ROM), showing guarding and palpable muscle spasms and decreased sensation L4-5 dermatome regions. The knee was documented to have positive bilateral grinding and McMurray's tests. The plan of care was for continuation of medication as previously prescribed and to obtain Magnetic Resonance Imaging (MRI) of cervical and lumbar spine, and bilateral knees. On 8/9/2013 Utilization Review non-certified Medrox Patch #30, and partially certified Cyclobenzaprine HCL 7.5mg #20, noting the guidelines do not support long term use. The MTUS, ACOEM, or ODG Guidelines were cited. On 8/22/2013, the injured worker submitted an application for IMR for review of Cyclobenzaprine HCL 7.5mg #120 and Medrox Patch #30 for Date of Service 7/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 7.5mg #20 (DOS: 7/23/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Non-Sedating Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: This 56 year old male has complained of neck pain, shoulder pain, low back pain and bilateral knee pain since date of injury 5/22/13. He has been treated with physical therapy, surgery and medications to include Flexeril for at least 4 weeks duration. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.

Medrox Patches #30 (DOS: 7/23/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: This 56 year old male has complained of neck pain, shoulder pain, low back pain and bilateral knee pain since date of injury 5/22/13. He has been treated with physical therapy, surgery and medications. The current request is for Medrox patch. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Medrox patch is not indicated as medically necessary.