

Case Number:	CM13-0027867		
Date Assigned:	11/22/2013	Date of Injury:	03/30/2013
Decision Date:	10/28/2015	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 43 year old male, who sustained an industrial-work injury on 3-30-13. A review of the medical records indicates that the injured worker is undergoing treatment for strain and sprain of back, lumbar herniated disc with annular tear and right lower extremity (RLE) radiculopathy. Medical records dated 6-3-13 indicate that the injured worker complains of still having pain in the low back rated 6-7 out of 10 on pain scale and condition has not improved since the last exam. The injured worker is taking Naproxen and Norflex and is requesting more medication. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 6-3-13, the injured worker may return to modified work with restrictions. The physical exam dated 6-3-13 reveals that there is back reduced range of motion, positive tenderness to palpation and stiffness is noted. There are no urine drug screen reports noted. Treatment to date has included pain medication, diagnostics and other modalities. The requested services included Cyclobenzaprine 7.5mg, #60 and Xoten-C lotion (0.002%-10%-20%) 120ml. The original Utilization review dated 9-11-13 partially-certified Cyclobenzaprine 7.5mg, #20 to allow for downward titration and complete discontinuation. The request for Xoten-C lotion (0.002%-10%-20%) 120ml was non-certified as guidelines do not support Nonsteroidal anti-inflammatory drugs for topical use as there is little evidence of efficacy and safety. There is also no documentation of failed trials of anticonvulsants and anti-depressants as well as intolerance to all other treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xoten-C lotion (0.002%/10%/20%) 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Topical Analgesics.

Decision rationale: Regarding the request for Xoten-C lotion (0.002%/10%/20%) 120ml, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for "Osteoarthritis and tendonitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient, despite guideline recommendations. In light of the above issues, the currently requested Xoten-C lotion (0.002%/10%/20%) 120ml is not medically necessary.

Cyclobenzaprine 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Regarding the request for Cyclobenzaprine 7.5mg, #60, 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 no identification of a specific analgesic benefit or objective functional improvement as a result of the Norflex. Additionally, it does not appear that the Cyclobenzaprine is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine 7.5mg, #60 is not medically necessary.