MAXIMUS Federal Services

Case Number:	CM14-0006122		
Date Assigned:	03/03/2014	Date of Injury:	02/11/2009
Decision Date:	04/02/2015	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/16/2014

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. 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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old female, who sustained an industrial injury on 2/11/2009. The current diagnoses are status post C3 to C7 hybrid reconstruction, right shoulder impingement syndrome with rotator cuff and labral tear, status post left thoracic outlet syndrome, status post left De Quervain's release, right carpal tunnel syndrome, lumbar segmental instability with radiculitis, status post bilateral knee surgery with degenerative joint disease, and sprain/strain of the left foot and ankle, rule out fracture. Per the progress report dated 9/13/2012, the injured worker complained of persistent neck pain with stiffness. She had low back pain that was aggravated by bending, lifting, twisting, pushing, pulling, standing, and walking multiple blocks. Additionally, she reports left wrist pain. The symptomology of the right shoulder, bilateral knees, left foot, and left ankle has not changed significantly. Treatment to date has included medications, physical therapy, and surgery. The physical examination revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm, right shoulder tenderness with positive impingement sign and pain with terminal motion with limited range of motion, left wrist tenderness at the first dorsal compartment, lumbar spine tenderness in the paravertebral muscles, tenderness on the bilateral knee joint line with positive patellar compression test, and pain and weakness in the left dorsiflexors and extensor hallucis longus. The treating physician is requesting retrospective Medrox pain relief ointment #240 and Cyclobenzaprine Hydrochloride 7.5mg #120 (9/13/2012), which is now under review. On 1/7/2014, Utilization Review had non-certified a request for Medrox pain relief ointment #240 and Cyclobenzaprine Hydrochloride 7.5mg #120 (9/13/2012). The California MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

DOS: 9/13/2012: CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG TAB #120: Upheld

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 Muscle relaxants Page(s): 63-66.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions."In regards to the request for Cyclobenzaprine, treater has specified an excessive duration of therapy. It appears that progress report 09/23/12 is the initiating prescription. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are appropriate for acute exacerbations of lower back pain. MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the requested 120 tablets does not imply short duration therapy. Therefore, the request IS NOT medically necessary.

DOS: 9/13/2012: Medrox Pain Relief Ointment 120GM X 2 #240: Upheld

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 Topical analgesic Page(s): 111-113.

Decision rationale: Regarding Medrox Cream, which contains 0.0375% Capsaicin, Menthol, and 0.0375% Methyl-salicylate, MTUS guidelines state that they are "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Additionally, MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. "Any compounded product that contains at least one drug -or drug class- that is not recommended is not recommended." In regards to the retrospective request for Medrox ointment, the treater has not provided adequate documentation to substantiate this topical medication. The first prescription for the topical formulation was noted in progress report dated 09/13/12. In the report, the treater does not describe how said topical ointment is to be applied. There is no record of impact on pain and function as the subsequent progress reports do not address this chief complaint or efficacy of previous therapies. Additionally, MTUS guidelines recommend against the use of topical formulations with Capsaicin unless other treatments have failed to provide the desired benefits. Therefore, the request IS NOT medically necessary.