

Case Number:	CM14-0207164		
Date Assigned:	12/19/2014	Date of Injury:	09/21/2013
Decision Date:	02/17/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/10/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 65 year old patient with date of injury of 09/21/2013. Medical records indicate the patient is undergoing treatment for cervical spine pain, cervical spine radiculopathy, cervical disc displacement, left shoulder sprain/strain, left shoulder internal derangement, left elbow lateral epicondylitis, left wrist carpal tunnel syndrome, lumbar spine pain, lumbar spine radiculopathy and lumbar disc displacement. Subjective complaints include radicular neck pain, greater on the left, described as constant, moderate to severe, rated 6-7/10; pain is associated with numbness and tingling of the bilateral upper extremities; left shoulder pain radiating down the arm to the fingers, rated at 7-8/10, described as constant, moderate to severe; burning left elbow pain described as constant, moderate to severe and rated 7/10; burning left wrist pain described as constant and moderate to severe, rated 8/10; radicular low back pain rated 7-8/10 described as constant, moderate to severe, associated with numbness and tingling of bilateral lower extremities especially in the thigh and ankles. Objective findings include tenderness to palpation at occiputs more on left, tenderness to palpation at trapezius, scalene, sternocleidomastoid and levator scapula muscles; cervical range of motion - flexion 35 degrees, extension 45, left rotation 50, right rotation 60, left and right lateral flexion 20; cervical distraction, compression and Spurling's test positive bilaterally; left shoulder tenderness with palpation at trapezius and levator scapula and rhomboid muscles with trigger point noted, tenderness to palpation at lumbosacral joint, AC joint and bicipes tendon; left shoulder range of motion - flexion 140 degrees, extension 20, abduction 150, adduction and external rotation 45, internal rotation 40; Neer's Impingement, Hawkins and Speed's test positive; left elbow tenderness to palpation at lateral epicondyle; left elbow range of motion within normal limits; left wrist reveals tenderness at carpal tunnel and triangular fibrocartilage complex, left wrist ROM - flexion 30, extension 40, radial deviation 10, ulnar deviation 15; Tinel's and Phalen's positive; lumbar spine ROM - flexion 50 degrees,

extension 10, left lateral flexion 20, right lateral flexion 15, left and right rotation 20; tenderness to palpation at paralumbar muscles and quadratus lumborum with trigger point noted on right side, tenderness at right PSIS and right sciatic notch; Tripod Sign, Flip-Test, Laseque's Differential and Kemp's test positive bilaterally. MRI of the lumbar spine dated 11/11/2013 revealed L4-L5 disc level shows grade 1 spondylolisthesis of L4 on L5; small tear of the posterior superior annulus of the nucleus pulposus; there is a 4mm posterior disc bulge indenting the anterior portion of the lumbosacral sac; the neural foramina appear patent; lateral recesses are clear, minimal decrease in the AP sagittal diameter of the lumbosacral canal, exacerbated by thickening of the ligamentum flavum and bony hypertrophy of the articular facets. MRI of the cervical spine dated 11/11/2013 revealed C5-C6 disc level shows complete diminished signal in the body of the C6 vertebrae on T1 and T2 weighted acquisitions; suggest radiographic correlation and if necessary a bone scan and MRI with contrast to exclude the possibility of metastasis rather than an area secondary to degeneration of the vertebrae; incidentally noted is a 3mm posterior disc bulge indenting the anterior portion of the cervical subarachnoid space causing minimal decrease in the AP sagittal diameter of the cervical canal; the C6-C7 disc level shows complete diminished signal in the body of the C6 vertebrae on T1 and T2 weighted acquisitions. Suggest radiographic correlation and if necessary a bone scan and MRI with contrast to exclude the possibility of metastasis rather than an area secondary to degeneration of the vertebrae. Incidentally noted is a 3mm posterior disc bulge indenting the anterior portion of the cervical subarachnoid space causing minimal decrease in the AP sagittal diameter of the cervical canal. Treatment has consisted of physical therapy, acupuncture, shockwave therapy Dicoprofen, Deprizine, Fantrex, Synaptryn and Tabradol. The utilization review determination was rendered on 11/12/2014 recommending non-certification of Cyclobenzaprine, Ketoprofen cream and Tabradol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®); UpToDate, Flexeril.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1)

determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended." Other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request for Cyclobenzaprine is not medically necessary.

Ketoprofen cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Per ODG and MTUS, Ketoprofen is "not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis and photosensitization reactions." As such, the request for Ketoprofen cream is not medically necessary.

Tabradol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®); UpToDate, Flexeril.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Tabradol (Cyclobenzaprine), "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning,

2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of Tabradol. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended." Other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request for Tabradol is not medically necessary.