

Case Number:	CM14-0039915		
Date Assigned:	06/27/2014	Date of Injury:	02/05/2003
Decision Date:	01/14/2015	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida and Texas. 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:

According to the records made available for review, this is a 53-year-old male with a date of injury on 12/03/2013. Medical records provided did not indicate the injured worker's mechanism of injury. Physician documentation throughout medical records indicated the diagnoses of cervical discogenic syndrome, lumbar discogenic syndrome, cervical radiculopathy, cervical nerve root compression, hypertension, diabetes, insomnia, and fibromyalgia. Physician documentation provided on 06/24/2014 also noted a diagnosis of a bilateral knee injury. Subjective findings throughout medical records provided noted the continuation of pain and tingling to the right hand and arm along with numbness to the bilateral hands that was noted to be more severe. The records provided also noted a continuation of neck pain that radiates to the bilateral arms. Objective data included physical examination that was remarkable for the above mentioned pain along low back pain; low back muscle spasms, and bilateral leg pain especially to the right leg. The right thigh was also noted to be less numb on the skin, but numb to touch in the lateral calf secondary to lumbar segmental nerve root block. On 02/25/2014, the treating physician rated the right knee jerk and right ankle jerk reflexes a zero out of four. Physician documentation from 12/03/2013 noted magnetic resonance imaging results of an eight millimeter lumbar disc, but the date of the magnetic resonance imaging was not provided. Documentation from 02/25/2014 noted prior treatments of multiple cervical epidural steroid injections that were noted to alleviate pain and resolving weakness to normal strength on a temporary basis. The injured worker was also noted for multiple lumbar blocks that were noted to be successful. Physician documentation from 06/24/2014 noted supartz injection to the right knee. Documentation from 12/31/2013 was remarkable for the plan of trigger point injections and chiropractic therapy, however records provided did not include documentation of these treatments. On 02/25/2014, the treating physician prescribed medications of Norco 10/325 10 mg

four times a day, Flexeril 10 mg three times a day, Anaprox 550 mg two times a day, and ADT TD Crme (Amitriptyline 4%, Dextromethorphan 10 %, Tramadol 20% crme) four times a day as needed. The injured worker was previously treated with the above listed medication regimen. Physician documentation noted throughout the records provided that the injured worker experiences gastric upset from oral medications and that the topical medication does give the injured worker relief without the side effects of oral medications along with the improved function at work secondary to the topical medication. Medical records provided did not indicate the injured worker's work status but as previously noted there was improved function at work secondary to the topical medication and also note physician documentation of the importance to treat the injured worker prior to the return of weakness because of the injured worker's job. This was noted on 12/31/2013. Medical records did not provide specific details of functional improvement, improvement in work function, or in activities of daily living. On 03/12/2014, Utilization Review non-certified the prescriptions of Flexeril 10mg with the quantity of 90 for the date of service of 02/25/2014 and ADT TD Crme (Amitriptyline 4%, Dextromethorphan 10%, Tramadol 20% crme) the dates of service of 04/21/2013 and 06/18/2013. The prescription of Flexeril was non-certified based on CA MTUS and Official Disability Guidelines noting that long term use of Flexeril is non-supported. The prescription of ADT TD Crme was non-certified based on CA MTUs noting that a compounded product containing at least one drug that is not recommended thereby makes the compound not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of muscle relaxants be limited to short term use during exacerbation of chronic musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, sedation, addiction and adverse interaction with opioids and other sedatives. The records indicate that the patient had utilized Flexeril longer than the guideline recommended maximum of 3 months duration. The patient is also utilizing opioids and other sedative medications. The criteria for the use of Flexeril 10mg #90 was not met.

ADT TD Crme, Amitriptyline 4%/ Dextromethorphan 10%/ Tramadol 20% crme: Upheld

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

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

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical analgesic preparations can be utilized in the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications cannot be tolerated or have failed. The guidelines recommend that topical medications be utilized individually to evaluate efficacy. The records did not show that oral formulation of first line medications failed. The patient is utilizing amitriptyline topically rather than FDA and guidelines recommended oral formulation. There is lack of guideline or FDA support for the use of topical formulation of Tramadol or dextromethorphan. The criteria for the use of ADT TD crme amitriptyline 4% / dextromethorphan 10% / Tramadol 20% crme was not met.