

Case Number:	CM15-0001157		
Date Assigned:	01/12/2015	Date of Injury:	08/08/2006
Decision Date:	03/11/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/05/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 50 year old male who sustained a work related injury on 8/8/06. He has reported lower back pain and loss of consciousness. The diagnoses have included status post L4-S1 posterior lumbar inter body fusion in 2010, status post removal of lumbar spinal hardware on March 23, 2012, and lumbosacral neuritis. The primary treating physicians progress report (PR-2) of 3/28/12 reported removal of lumbar hardware with improvement in symptoms. The physical exam revealed tenderness at the cervical paravertebral muscles and upper trapezial muscle, spasms and restricted cervical motion, dysesthesia at the C5-6 dermatome, and swelling in the lumbar spine. Work status was temporarily totally disabled. Per the note dated 10/24/2011 he had complaints of lumbar and cervical spine symptomology. The physical examination revealed cervical spine- tenderness, limited range of motion, and dysthesia at the C5 and C6 dermatomes; lumbar spine- tenderness over the palpable hardware with some extension of the symptomology in the left sciatic notch. The medications list includes naproxen, cidaflex, hydrocodone, ondansetron, omeprazole and medrox pain relief ointment. He has had lumbar MRI on 1/11/2010 and electrodiagnostic study on 10/25/2011. He has had physical therapy visits and lumbar epidural steroid injections for this injury. On December 9, 2014 Utilization Review non-certified a retrospective prescription for Medrox ointment 120gm x 2 refills (DOS: 3/28/12), noting the lack of documentation of the injured worker being intolerant or unresponsive to all other treatments including oral pain medications. In addition, there was the lack of evidence that oral pain medication was insufficient to alleviate the pain symptoms, and the lack of peer-reviewed literature to support the use of topical analgesics. The California Medical Treatment Utilization

Schedule (MTUS), Chronic Pain Medical Treatment Guidelines for topical analgesics was cited. On December 9, 2014 Utilization Review non-certified a retrospective prescription for Cidaflex (chondroitin and glucosamine) tablets #120 (DOS: 3/28/12), noting there was no clear evidence that the injured worker had arthritis or knee osteoarthritis, and the lack of supporting evidence of objective functional improvement to support continued medication use. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines for Glucosamine (and Chondroitin Sulfate) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox ointment 120gm times 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Request: Medrox ointment 120gm times 2 refills Medrox is a topical analgesic consisting of Methyl salicylate, Menthol, Capsaicin. MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Per the cited guidelines, Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The records provided did not specify that trials of antidepressants and anticonvulsants have failed. Any intolerance or lack of response to oral medications was not specified. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no high grade clinical evidence to support the effectiveness of topical menthol in lotion form. The medical necessity of Medrox ointment 120gm times 2 refills was not fully established for this patient at that juncture.

Cidaflex tablets #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page 50.

Decision rationale: Request- Cidaflex tablets #120 Cidaflex tablets contain glucosamine and chondroitin. According to the Chronic Pain Medical Treatment Guidelines MTUS, Glucosamine (and Chondroitin Sulfate) is Recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. The Glucosamine Chondroitin Arthritis Intervention Trial (GAIT) funded by the National Institutes of Health concluded that

glucosamine hydrochloride (GH) and chondroitin sulfate were not effective in reducing knee pain in the study group overall; however, these may be effective in combination for patients with moderate-to-severe knee pain. Despite multiple controlled clinical trials of glucosamine in osteoarthritis (mainly of the knee), controversy on efficacy related to symptomatic improvement continues. Any evidence of knee arthritis is not specified in the records provided. X-rays of the knee joint demonstrating osteoarthritis are not specified in the records provided. In addition, patient was taking cidalax since a long time. Evidence of functional improvement with cidalax is not specified in the records provided. The medical necessity of Cidalax tablets #120 was not fully established for this patient at that juncture.