

Case Number:	CM15-0139910		
Date Assigned:	07/29/2015	Date of Injury:	10/01/2001
Decision Date:	09/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/20/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 70 year old male, who sustained an industrial injury on 10-01-2001, resulting from a slip and fall. The injured worker was diagnosed as having chronic pain syndrome, left foot pain consistent with plantar fasciitis, acute or chronic low back pain, C6 cervical radiculopathy, left meniscus tear, left rotator cuff tear, and right ulnar neuropathy. Treatment to date has included diagnostics, right knee surgery, physical therapy, chiropractic, left knee surgery, transcutaneous electrical nerve stimulation unit, pain psychology, and medications. Currently (5-07-2015), the injured worker complains of pain in the plantar aspect of his foot. He was documented as having ongoing issues with pain and spasm. He still had right sided neck pain, pain radiating down his right leg, and pain in bilateral knees (affected by his weight), which exacerbated his condition. He still had issues with his knee, consistent with tear of the posterior horn of the medial meniscus in 7-2014. Medications included Cymbalta, Crestor, Voltaren gel, Mobic, Omeprazole, Mirapex, and Amrix (currently non-authorized). He was prescribed Amrix and Tramadolone. The use of Amrix was noted since at least 9-2014 and Triamcinolone since at least 2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amrix 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: The injured worker sustained a work related injury on Amrix 15mg #30. The medical records provided indicate the diagnosis of chronic pain syndrome, left foot pain consistent with plantar fasciitis, acute or chronic low back pain, C6 cervical radiculopathy, left meniscus tear, left rotator cuff tear, and right ulnar neuropathy. Treatments have included right knee surgery, physical therapy, chiropractic, left knee surgery, transcutaneous electrical nerve stimulation unit, pain psychology, and medications. The medical records provided for review do not indicate a medical necessity for Amrix 15mg #30. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term. Treatment of acute exacerbations in patients with chronic low back pain. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Amrix (Cyclobenzaprine) is a muscle relaxant with a recommended dosing of 5 to 10 mg three times a day for no longer than 2-3 weeks. The medical records indicate the injured worker has been using this at least since 11/2014.

Tramadolone (sic) 0.5% 30 day treatment supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Epocrates online.

Decision rationale: The injured worker sustained a work related injury on Amrix 15mg #30. The medical records provided indicate the diagnosis of chronic pain syndrome, left foot pain consistent with plantar fasciitis, acute or chronic low back pain, C6 cervical radiculopathy, left meniscus tear, left rotator cuff tear, and right ulnar neuropathy. Treatments have included right knee surgery, physical therapy, chiropractic, left knee surgery, transcutaneous electrical nerve stimulation unit, pain psychology, and medications. The medical records provided for review do not indicate a medical necessity for Tramadolone (sic) 0.5% 30-day treatment supply. The MTUS and the Official Disability Guidelines are silent on topical steroids, including Triamcinolone. Triamcinolone is a medium potency steroid used to treat a variety of skin conditions. The medical records indicate the medication is being used in the treatment of foot pain. There is no evidence from the medical records that the injured worker has a skin involving the foot.