

Case Number:	CM15-0189168		
Date Assigned:	10/01/2015	Date of Injury:	05/24/2012
Decision Date:	11/19/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/25/2015

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: 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 61 year old female, who sustained an industrial injury on 12-1-2008. He reported a fall onto the right side. Diagnoses include status post right shoulder surgery, cervical sprain, right knee sprain, and right hip sprain. Treatments to date include medication therapy and physical therapy. Currently, he complained of ongoing pain in the right shoulder and neck, and in the right knee. On 8-20-15, the physical examination documented tenderness of the cervical muscles. The plan of care included additional physical therapy, medication management, and home exercise. This appeal requested authorization for Medrox Patch (Medroxin) #30 (which contains Methylsalicylate 20%, Menthol 5%, and Capsaicin 0.0375%); Soma 350mg #30; and Voltaren 75mg #30. The Utilization Review dated 9-1-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox patch (Medroxin) #30, contains methyl salicylate 20%, Menthol 5% and capsacian 0.0375%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical, Topical Analgesics.

Decision rationale: Based on the 08/20/15 progress report provided by treating physician, the patient presents with pain to right shoulder, neck, right hip and right knee. The patient is status post right shoulder surgery in 2012. The request is for MEDROX PATCH (MEDROXIN) #30, CONTAINS METHYL SALICYLATE 20%, MENTHOL 5% AND CAPSACIAN 0.0375%. Patient's diagnosis per Request for Authorization form dated 08/26/15 and 09/02/15 includes cervical , right knee and right hip sprain. Physical examination of the cervical spine on 08/20/15 revealed tenderness to palpation to the paravertebrals, trapezius and interscapular area Range of motion was painful and restricted. Treatment to date has included physical therapy, home exercise program and medications. Patient's medications include Voltaren, Soma and Medrox patch. The patient is on social security disability benefits, per 08/20/15 report. Drugs.com: Medrox patch and MTUS Guidelines page 111 has the following regarding topical creams, Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. MTUS further states, any compounded product that contains at least one (or drug class) that is not recommended is not recommended. MTUS Guidelines, pages 28- 29 states: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Formulations: Capsaicin is generally available as a 0.025% formulation as a treatment for osteoarthritis and a 0.075% formulation primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful, alone or in conjunction with other modalities, in patients whose pain has not been controlled successfully with conventional therapy. Medrox patch has been included in patient's medications per progress reports dated 08/20/15 and 09/02/15. It is not known when this medication was initiated. Treater has not provided medical rationale for the request. According to drugs.com, Medrox patch contains MENTHOL 5g in 100g, CAPSAICIN 0.0375g in 100g. The MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider Capsaicin doses that are higher than 0.025% to be experimental particularly at high doses. Medrox patch contains 0.0375% of capsaicin, which is not supported by MTUS. Guidelines state clearly that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Soma 350mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: Based on the 08/20/15 progress report provided by treating physician, the patient presents with pain to right shoulder, neck, right hip and right knee. The patient is status post right shoulder surgery in 2012. The request is for SOMA 350MG #30. Patient's diagnosis per Request for Authorization form dated 08/26/15 and 09/02/15 includes cervical , right knee and right hip sprain. Physical examination of the cervical spine on 08/20/15 revealed tenderness to palpation to the paravertebrals, trapezius and interscapular area Range of motion was painful and restricted. Treatment to date has included physical therapy, home exercise program and medications. Patient's medications include Voltaren, Soma and Medrox patch. The patient is on social security disability benefits, per 08/20/15 report. MTUS, Soma, Muscle relaxants (for pain) section, pages 63-66 states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation 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. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects." Soma has been included in patient's medications per progress reports dated 08/20/15 and 09/02/15. It is not known when this medication was initiated. MTUS recommends antispasmodic agents such as Soma, only for a short period (no more than 2-3 weeks). In this case, the request for additional Soma quantity 30 would exceed guideline recommendations. Therefore, the request IS NOT medically necessary.

Voltaren 75mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diclofenac Sodium (Voltaren).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Diclofenac sodium (Voltaren, Voltaren-XR).

Decision rationale: Based on the 08/20/15 progress report provided by treating physician, the patient presents with pain to right shoulder, neck, right hip and right knee. The patient is status post right shoulder surgery in 2012. The request is for VOLTAREN 75MG #30. Patient's diagnosis per Request for Authorization from dated 08/26/15 and 09/02/15 includes cervical, right knee and right hip sprain. Physical examination of the cervical spine on 08/20/15 revealed tenderness to palpation to the paravertebrals, trapezius and interscapular area Range of motion was painful and restricted. Treatment to date has included physical therapy, home exercise program and medications. Patient's medications include Voltaren, Soma and Medrox patch. The patient is on social security disability benefits, per 08/20/15 report. MTUS Chronic Pain Medical Treatment Guidelines, page 67 and 68, NSAIDs (non-steroidal anti-inflammatory drugs) section under Back Pain - Chronic Low Back Pain states: "Recommended as an option for short-term

symptomatic relief." ODG-TWC, Pain (Chronic) Chapter, under Diclofenac sodium (Voltaren, Voltaren-XR) states: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. For a patient who has a 5% to 10% risk of having a heart attack that is a significant increase in absolute risk, particularly if there are other drugs that don't seem to have that risk. For people at very low risk, it may be an option. (McGettigan, 2011)" Voltaren has been included in patient's medications per progress reports dated 08/20/15 and 09/02/15. It is not known when this medication was initiated. Treater has not provided reason for the request. MTUS supports NSAID's given the patient's diagnosis, postoperative status and continued pain. However, treater has not documented medication efficacy. MTUS requires recording of pain and function when medications are used for chronic pain (p60). Furthermore, there is no evidence in provided medical records that other NSAID's have been trialed and failed. Patient's risk profile has not been addressed, either. This request lacks documentation and is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.