

Case Number:	CM15-0205252		
Date Assigned:	10/22/2015	Date of Injury:	04/10/2007
Decision Date:	12/10/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/19/2015

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, New York, California
 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 applicant is a represented 51-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 10, 2007. In a Utilization Review report dated October 1, 2015, the claims administrator failed to approve requests for topical Ultracin, oral naproxen, and oral Flexeril. The claims administrator referenced a September 14, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated September 14, 2015, naproxen, Flexeril, Prilosec, tramadol, topical Ultracin, a re-evaluation, and multi-level cervical facet blocks were sought. On an associated 20-page report dated September 14, 2015, the applicant reported ongoing complaints of neck, shoulder, low back, knee, wrist, and hand pain. The applicant did report ongoing complaints of neck pain radiating to the bilateral shoulders, right greater than left. The note was very difficult to follow as it mingled historical issues with current issues. Multiple medications were renewed and/or continued. The treating provider contended that the applicant's medications were beneficial. The applicant was asked to pursue additional chiropractic manipulative therapy. The applicant's work status was not clearly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracin Topical Cream Provided on 9/14/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine (NLM), dailymed.nlm.nih.gov/dailymed/drugInfo.cfm.

Decision rationale: No, the request for Ultracin, a topical compounded cream, was not medically necessary, medically appropriate, or indicated here. Ultracin, per the National Library of Medicine (NLM), is an amalgam of menthol, methyl salicylate, and capsaicin. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin, i.e., the tertiary ingredient in the compound, is recommended only as a last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, however, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing Ultracin compound at issue. Therefore, the request was not medically necessary.

Naprosyn 500 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Similarly, the request for naproxen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first-line treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's work status was not clearly reported on September 14, 2015, suggesting that the applicant was not, in fact, working. Ongoing usage of naproxen failed to curtail the applicant's dependence on other forms of medical treatment to include topical compounds such as Ultracin, facet injections, manipulative therapy, shoulder corticosteroid injection therapy, extracorporeal shock wave therapy, i.e., services which the applicant was concurrently pursuing as of the September 14, 2015 office visit at issue. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Flexeril 10 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

Decision rationale: Finally, the request for Flexeril (cyclobenzaprine) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is deemed "not recommended." Here, the applicant was, in fact, concurrently using a variety of other agents, including naproxen. The addition of cyclobenzaprine or Flexeril to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 30-tablet renewal request for Flexeril, in and of itself, represented treatment in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.