

<b>Case Number:</b>	CM15-0028391		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	08/08/2014
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/15/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 44-year-old female, with a reported date of injury of 08/08/2014. The diagnoses include bilateral cervical spine radiculitis, status post cervical spine laminectomy and decompression, bilateral wrist strain with hand numbness, MPS of the bilateral shoulders, bilateral lateral elbow strain with lower extremity triceps tendinitis, lumbar spine strain, and bilateral knee strain. Treatments included left carpal tunnel release on 11/21/2014, right carpal tunnel release on 07/15/2014, topical pain medication, and oral medications. The progress report dated 01/02/2015 indicates that the injured worker had constant cervical spine pain, rated 8 out of 10. The cervical spine pain increased with cold weather and was worse in the morning. She also complained of bilateral shoulder pain, rated 6-7 out of 10, right elbow pain, rated 3 out of 10, lumbar spine pain, rated 8 out of 10, bilateral knee pain, rated 3 out of 10, right hand pain, and left hand/wrist pain, rated 3 out of 10. The physical examination showed difficulty with rising from sitting, an antalgic gait, stiffness, tenderness to palpation of the bilateral trapezius muscles, mild swelling of the left wrist, tenderness of the bilateral cervical spine, and decreased cervical flexion and extension. The injured worker complained of stress, depression, and anxiety. The treating physician requested Naproxen cream 204 grams, Flexeril 5mg, and Xanax 0.25mg. On 01/15/2015, Utilization Review (UR) denied the request for Naproxen Cream 240 grams #2 and Flexeril 5mg #120, and modified the request for Xanax 0.25mg #30. The UR physician noted that Naproxen cream is not currently FDA approved for topical application; there were no muscle spasms documented on physical examination and no documentation of functional improvement from the chronic use of Flexeril in the injured worker; and the injured

worker had been a long-term user of Xanax was physically dependent on the drug. The MTUS Chronic Pain Guidelines and Food and Drug Administration (FDA) were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Naproxen Cream 240gm QTY: 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** This 44 year old female has complained of neck pain, bilateral wrist pain and bilateral knee pain since date of injury 8/8/14. She has been treated with cervical spine surgery, carpal tunnel release surgery, physical therapy and medications. The current request is for Naproxen cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Naproxen cream is not indicated as medically necessary.

**Flexeril 5mg QTY: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** This 44 year old female has complained of neck pain, bilateral wrist pain and bilateral knee pain since date of injury 8/8/14. She has been treated with cervical spine surgery, carpal tunnel release surgery, physical therapy and medications to include Flexeril since at least 10/2014. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.

**Xanax 0.25mg QTY: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Benzodiazepines Page(s): 24.

**Decision rationale:** This 44 year old female has complained of neck pain, bilateral wrist pain and bilateral knee pain since date of injury 8/8/14. She has been treated with cervical spine surgery, carpal tunnel release surgery, physical therapy and medications to include Xanax since at least 10/2014. The current request is for Xanax. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. The duration of use in this patient has exceeded this time frame. On the basis of the MTUS guideline cited above, Xanax is not indicated as medically necessary in this patient.