

Case Number:	CM15-0213260		
Date Assigned:	11/03/2015	Date of Injury:	02/05/2013
Decision Date:	12/16/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/29/2015

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 56 year old male, who sustained an industrial injury on 2-5-13. The injured worker was being treated for sprain-strain of neck, sprain-strain of shoulder-arm and sprain-strain of wrist. On 9-16-15, the injured worker complains of worsened lumbosacral and cervical spine pain. Documentation does not include level of pain prior to and following administration of medication, duration of pain relief or improvement in function due to medications. He is temporarily totally disabled. Physical exam performed on 9-16-15 revealed tenderness to palpation of cervical spine and lumbar spine, right and left shoulder pain, decreased range of motion and strength of cervical spine and difficulty with sleeping. Treatment to date has included oral medications including rotator cuff repair, Tramadol (since at least 2013), Flexeril (since at least 2014), Naprosyn, physical therapy, acupuncture and home exercise program, topical creams and activity modifications. The treatment plan included request for Ultracin cream 120gm, Tramadol 50mg #60 and Flexeril 10mg #42. On 9-30-15 request for Ultracet lotion 120gm and Flexeril 10mg #42 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet Lotion (menthol, menthyl salicylate, capsaicin) 120gm: Upheld

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

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

Decision rationale: The 56 year old patient complains of pain in cervical spine, lumbar spine, and bilateral shoulders along with sleep issues, as per progress report dated 09/16/15. The request is for ultracet [ultracin] lotion (menthol, menthyl salicylate, capsaicin) 120gm. The RFA for this case is dated 09/22/15, and the patient's date of injury is 02/05/13. Diagnoses, as per progress report dated 09/16/15, included cervical sprain/strain, lumbar sprain/strain, sprain/strain of shoulder/arm, and sprain/strain of wrist. Medications included Tramadol, Flexeril and Ultracin lotion. The patient is status post cervical discectomy and fusion with no post-operative complications, as per progress report dated 03/06/15. The patient is temporarily totally disabled, as per progress report dated 09/16/15. MTUS Chronic Pain Guidelines, under Topical Analgesics section, page 111 states the following regarding Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments. The MTUS guidelines do not support the use of topical NSAIDs for axial, spinal pain, but supports its use for peripheral joint arthritis and tendinitis additionally; MTUS Guidelines also provide clear discussion regarding topical compounded creams on page 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, a request for Ultracet [Ultracin] lotion is only noted in progress report dated 09/16/15. There is no indication that the patient has used this topical formulation in the past, and there is no documentation of efficacy as well. The treater does not mention the targeted body part where the cream will be applied. MTUS Guidelines support the use of topical compounds containing NSAIDs only for peripheral joint arthritis, and there are no such diagnoses in this patient. Additionally, Capsaicin is only considered appropriate for patients who are intolerant to other medications. Furthermore, MTUS Guidelines also provide clear discussion regarding topical compounded creams on pg 111. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Hence, this request is not medically necessary.

Flexeril (Cyclobenzaprine) 10mg #42: 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), Muscle relaxants (for pain).

Decision rationale: The 56 year old patient complains of pain in cervical spine, lumbar spine, and bilateral shoulders along with sleep issues, as per progress report dated 09/16/15. The request is for FLEXERIL (CYCLOBENZAPRINE) 10mg #42. The RFA for this case is dated 09/22/15, and the patient's date of injury is 02/05/13. Diagnoses, as per progress report dated 09/16/15, included cervical sprain/strain, lumbar sprain/strain, sprain/strain of shoulder/arm, and sprain/strain of wrist. Medications included Tramadol, Flexeril and Ultracin lotion. The patient is status post cervical discectomy and fusion with no post-operative complications, as per

progress report dated 03/06/15. The patient is temporarily totally disabled, as per progress report dated 09/16/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 63-66 and Muscle Relaxants section, state: 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. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "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. In this case, Cyclobenzaprine is first noted in progress report dated 03/17/14 which was reviewed in a report dated 07/01/15. However, there is no indication that the patient has been taking the medication consistently since then. A review of the recent reports indicates that Cyclobenzaprine only prescribed during the 09/16/15 visit. There is no documentation of efficacy in terms of reduction in pain and improvement in function from prior use. Additionally, MTUS does not support long-term use of muscle relaxants beyond a 2 to 3 week period. Hence, the request is not medically necessary.