

Case Number:	CM15-0216941		
Date Assigned:	11/06/2015	Date of Injury:	12/03/2013
Decision Date:	12/18/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/04/2015

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, Florida, 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 injured worker is a 40-year-old male, who sustained an industrial injury on 12-3- 2013. Diagnoses include multilevel disc bulges with stenosis, right knee meniscal tear, status post arthroscopy and right elbow contusion. Treatments to date include activity modification, medication therapy, and twelve post-operative physical therapy sessions for the right knee. On 8-23-15, he reported pain levels decreased from 7 out of 10 VAS down to 5 out of 10 VAS with medication use. Tramadol two tablets daily and Flexeril one tablet daily were noted to decreased pain and increased tolerance to walking, standing, and sitting, and prescribed since at least 4-12-15. On 9-30-15, he complained of ongoing pain in the neck, right elbow and right knee rated 7 out of 10 VAS. Current medication included Tramadol and Flexeril "which he says is helping." He also reported stress, anxiety, and depression. The physical examination documented cervical tenderness with decreased range of motion and positive Spurling's sign on the right side. The right knee demonstrated decreased range of motion, effusion, and decreased strength. The plan of care included ongoing TENS unit use and Bio-Therm (Menthyl Salicylate 20%-Menthol 10%- Capsaicin 0.002%). The appeal requested authorization for prescriptions including Bio-Therm, Ultram (tramadol 50mg) 1-2 tablets every eight hours, #90, and Flexeril 10mg 1 every eight hours #90. The Utilization Review dated 10-21-15, denied the requested for Bio-Therm and Ultram, and modified the request to allow Flexeril 10mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio-Therm 4 Oz Apply Thin Layer To Affected Area 2-3x Daily As Directed: 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.

Decision rationale: This claimant was injured in 2013. Diagnoses included multilevel disc bulges with stenosis, right knee meniscal tear, status post arthroscopy, and a right elbow contusion. Treatments to date included activity modification, medication therapy, and twelve post-operative physical therapy sessions for the right knee. As of September, there was still ongoing pain in the neck, right elbow and right knee rated 7 out of 10 on the Visual Analogue Scale. Current medication included Tramadol and Flexeril "which he says is helping", but no objective, functional improvements are noted. He also reported stress, anxiety, and depression. Per the MTUS, forms of topical Capsaicin like Bio Therm are recommended only as an option in patients who have not responded or are intolerant to other treatments. 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. The agent has moderate to poor efficacy. In this case, there is no mention of intolerance to oral agents. Further, the medicine is available over the counter, so special prescription formulations would be unnecessary. The request was appropriately not medically necessary.

Ultram (Tramadol 50mg) 1-2 Tablets By Mouth Every 8 Hours As Needed For Pain # 90: 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): Opioids for chronic pain.

Decision rationale: As shared previously, this claimant was injured in 2013. Diagnoses included multilevel disc bulges with stenosis, right knee meniscal tear, status post arthroscopy, and a right elbow contusion. Treatments to date included activity modification, medication therapy, and twelve post-operative physical therapy sessions for the right knee. As of September, there was still ongoing pain in the neck, right elbow and right knee rated 7 out of 10 on the Visual Analogue Scale. Current medication included Tramadol and Flexeril "which he says is helping", but no objective, functional improvements are noted. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not medically necessary.

Flexeril (Cyclobenzaprine 10mg) 1 Tablet By Mouth Every 8 Hours As Needed Qty: 90:
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): Cyclobenzaprine (Flexeril).

Decision rationale: As shared previously, this claimant was injured in 2013. Diagnoses included multilevel disc bulges with stenosis, right knee meniscal tear, status post arthroscopy, and a right elbow contusion. Treatments to date included activity modification, medication therapy, and twelve post-operative physical therapy sessions for the right knee. As of September, there was still ongoing pain in the neck, right elbow and right knee rated 7 out of 10 on the Visual Analogue Scale. Current medication included Tramadol and Flexeril "which he says is helping", but no objective, functional improvements are noted. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long-term use is not supported. In addition, it is being used with other agents, which also is not clinically supported in the MTUS.