MAXIMUS Federal Services

Case Number:	CM15-0047553		
Date Assigned:	03/19/2015	Date of Injury:	08/13/2013
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/12/2015

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 50 year old male, who sustained an industrial injury on 08/13/2013. He reported an injury to his bilateral shoulders and upper back. The injured worker is currently diagnosed as having cervical spine sprain/strain, rule cervical radiculopathy, status post right shoulder arthroscopy, bilateral shoulder sprain/strain, bilateral elbow sprain/strain, bilateral wrist sprain/strain, thoracic spine sprain/strain, lumbar spine sprain/strain, rule out lumbar radiculopathy, and bilateral knee sprain/strain. Treatment to date has included right shoulder and lumbar spine MRI scans, right shoulder, right shoulder surgery, chiropractic treatment, physical therapy, and medications. In a progress note dated 02/03/2015, the injured worker presented with complaints of burning neck, bilateral shoulder, bilateral elbow, mid back, low back, and bilateral knee pain. The treating physician reported requesting authorization for Cyclobenzaprine and Synapryn medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5% cream 100 gm: 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 analgesic Page(s): 111-113.

Decision rationale: Per the PTP Progress, report dated 02/03/15 the patient presents with neck, bilateral shoulder, bilateral elbow, mid back, low back, and bilateral knee pain. The current request is for Cyclobenzaprine 5% Cream 100 gm. The RFA included is dated 02/03/15. Per the 02/11/15 report the patient has not worked since 08/15/13 and is temporarily totally disabled. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended."Cyclobenzaprine is a muscle relaxant and is not discussed under the MTUS Topical analgesics section, which states on page 113, other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The treating physician states this medication is to be applied to the affected area and has been consistently effective for musculoskeletal conditions. However, the MTUS guidelines do not recommend Cyclo-benzaprine for topical formulation. Therefore, the currently requested topical cream is not recommended, and the request is not medically necessary.

Synapryn 10mg/ml 500 ml: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: Per the PTP Progress report dated 02/03/15 the patient presents with neck, bilateral shoulder, bilateral elbow, mid back, low back, and bilateral knee pain. The current request is for Synapryn 10mg/ml 500 ml Tramadol Hydrochloride an opioid analgesic. The RFA included is dated 02/03/15. Per the 02/11/15 report the patient has not worked since 08/15/13 and is temporarily totally disabled. MTUS Criteria for Use of Opioids, pages 76 and 77 includes the following under steps to take before a therapeutic trial of opioids: baseline pain and functional assessment should be made, and a therapeutic trial should not be employed until the patient has failed a trial of non-opioid analgesics. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The requesting physician, [redacted] states this medication is indicated for the use of neuropathic/ fibromyalgia pain and osteoarthritic/musculoskeletal pain. Only one progress report dated 02/03/15 is provided from [redacted] The 12/20/14 and subsequent letters of medical necessity discuss this medication. However, it is not clear from the reports provided if the patient has recently started this medication or is a long-term user of opioids. If the patient is just starting this medication on 12/20/14, there is no evidence that baseline pain and functional assessment was

made at that time and there is no documentation of a failed trial of non-opioid analgesics. If use of opioids is long-term, pain scales are used to assess pain on 02/03/15; however, it is not clear if this is pain with or without opioids. The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. No specific ADL's are mentioned to show a significant change with use of this medication. There is no discussion of side effects or adverse behavior. No UDS's are included for review or documented nor is there discussion of Cures. The 4A's have not been documented as required by the MTUS guidelines. In this case, there is not sufficient documentation provided for trial or long-term use of opioids. The request is not medically necessary.