

<b>Case Number:</b>	CM14-0134161		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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. The expert reviewer is Board Certified in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57-year-old male who sustained an injury on October 27, 2011. He is diagnosed with (a) cervical sprain, (b) bilateral shoulder sprain, (c) myofascial pain, (d) right foot sprain, (e) dislocation of the fourth toes metatarsophalangeal joint of the right foot, (f) status post right foot surgery (fourth toe metatarsal), (g) right shoulder full thickness tear, and (h) left shoulder rotator cuff tear. He was seen for an evaluation on July 30, 2014. He reported that he recently underwent surgery of the right foot and has been in a lot of pain, which was rated 8/10. He has been taking medications that helped bring the pain down to 6/10. He also complained of extreme aggravation of pain in both shoulders, left side worse than the right side. Examination of the cervical spine revealed tenderness over the paravertebrals and trapezius. Examination of the bilateral shoulders revealed tenderness over the bilateral acromioclavicular joint and subacromial space. Range of motion was limited. Neer's and Hawkin's tests were positive mostly on the left side. There was weakness of the right shoulder musculature at 4+ as compared to the left side.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; specific drug list; Tramadol (Ultram, Ultram ER, generic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain)Cyclobenzaprine (Flexeril) Page(s): 63-64, 41-42.

**Decision rationale:** The request for Flexeril 7.5 mg #30 is not medically necessary at this time. It has been determined from the medical records that the injured worker has been taking Flexeril since June 2014. This medication is recommended only as an option for a short course of therapy. Hence, continued use of Flexeril 7.5 mg #30 is not in accordance with the guidelines.

**Medrox Ointment 60gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicalsTopical Analgesics Page(s): 105, 111-113.

**Decision rationale:** The request for Medrox ointment 60 g is not considered medically necessary at this time. According to the California Medical Utilization Schedule, topical analgesics are recommended for neuropathic pain only when trials of antidepressants and anticonvulsants have failed. From the medical records received for review, there was no documentation that the injured worker underwent and failed a trial of antidepressants and anticonvulsants. More so, the same reference stipulated that any compounded product that contains at least one drug that is not recommended is not recommended. While this topical analgesic contains capsaicin and methyl salicylate, which are recommended as topical agents, it also constitutes menthol, which is not addressed by the guidelines. Hence, the prescription of Medrox ointment 60 g is not recommended at this time.