

Case Number:	CM14-0134897		
Date Assigned:	08/27/2014	Date of Injury:	08/23/2012
Decision Date:	09/30/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/21/2014

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 Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 34-year-old female who reported an injury on 08/23/2012. The mechanism of injury was not submitted for review. The injured worker has diagnoses of ulnar neuropathy and ulnar nerve compression at the elbow. The injured worker's past medical treatment consists of surgery, physical therapy, medication therapy, and chiropractor therapy. Medications include cyclobenzaprine 7.5 and Dendracin. On 10/12/2012, the injured worker underwent an MRI of the right wrist without contrast that revealed that the injured worker had mild tendinosis of the ECU tendon at the level of the ulnar styloid. On 04/25/2013, the injured worker underwent surgery for right wrist cubital tunnel release. On 05/05/2014, the injured worker complained of right elbow pain. Physical examination revealed that there was no atrophy of any muscle groups and no inflammation or localized swelling. There was a full, normal range of motion of the fingers, thumbs, wrists, and elbow. Sensation was intact in all fingers of both hands. Examination also revealed strong abduction against resistance of both thumbs and both index fingers. The Tinel's sign was negative over the median and ulnar nerves at both wrists and both elbows. The Tinel's was negative over the cubital tunnel on the right; however, there was a slight tenderness over the nerve. The elbow flexion test was negative. The current treatment plan is for the injured worker to continue the use of medications. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #30 4-4-2014 and 5-2-2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

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

Decision rationale: The request for cyclobenzaprine is not medically necessary. The California MTUS Guidelines recommend cyclobenzaprine as an option for short course of therapy. The greatest effect of the medication is within the first 4 days of treatment, suggesting that a shorter course may be better. Treatment should be brief. The request for cyclobenzaprine 7.5 mg with a quantity of 30 exceeds the guideline recommendations of short term therapy. The provided medical records lacked documentation of significant objective functional improvement with the medication. Furthermore, the provider's rationale for the request was not provided in the submitted report. Additionally, the request as submitted did not indicate a duration or frequency of the medication. As such, the request for cyclobenzaprine is not medically necessary.

Dendracin 120 ml 4-4-2014 and 5-2-2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Dendracin 120 ml was not medically necessary. California MTUS states that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Also, they are primarily recommended for neuropathic pain when trials of antidepressants or anticonvulsants have failed. These agents are applied locally to the painful areas with advantages that include lack of systemic side effects, absence of drug interaction, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control; however, there is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Given the above, the request for Dendracin exceeds the guidelines of the MTUS. Dendracin is a compounded topical cream containing methyl salicylate 30%, capsaicin 0.0375%, and menthol UPS 10%. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation will provide any further efficacy. Furthermore, guidelines state that a topical such as Dendracin should only be recommended after documented trials of antidepressants and anticonvulsants have failed. There was no evidence in the submitted reports indicating that the injured worker had done so. Additionally, the submitted reports indicated that the injured worker had physical therapy but there was no evidence supporting the outcomes of such therapy. As such, the request for Dendracin 120 mL was not medically necessary.

