

Case Number:	CM14-0140393		
Date Assigned:	09/10/2014	Date of Injury:	10/29/2013
Decision Date:	12/17/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/29/2014

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 Physical Medicine & Rehabilitation 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 38-year-old female who reported an injury on 10/29/2013 due to cumulative trauma. Diagnoses were internal derangement of knee not otherwise specified, lumbar sprain/strain, shoulder impingement, cervical sprain, sacroiliitis not elsewhere classified and bursitis not elsewhere classified. Past treatments were medications, massage, physical therapy, and acupuncture. Physical examination dated 10/08/2014 revealed that the injured worker was on light duty. There were complaints of increased mid back pain as well as neck pain. The injured worker continued to have limited range of motion in the neck. It was also reported the injured worker's headaches have worsened. Examination of the cervical spine revealed paravertebral muscles were tender to palpation. Spasm was present. Range of motion was restricted. There was a positive Spurling's test on the right. Examination of the shoulders revealed range of motion was restricted. There was a positive impingement sign on the right. Examination of the right shoulder revealed tenderness to palpation on the medial elbow. Examination of the hands revealed first dorsal interosseous atrophy was noted. Examination of the thoracolumbar spine revealed paravertebral muscles were tender to palpation and spasm was present. Range of motion was restricted. Examination of the hips revealed greater trochanter was tender to palpation on the right and SI joints were tender bilaterally. Yeoman's test was positive. Examination of the knees revealed positive McMurray's test on the right and left knees. Medications were Medrox pain relief ointment, Cyclobenzaprine, Floricet, Mobic, and Naproxen. The rationale was not submitted. The Request for Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox pain relief ointment with 2 refills: 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 Salicylate; Topical Analgesic; Topical Capsaicin Page(s): 105, 111, 28.

Decision rationale: The decision for Medrox pain relief ointment with 2 refills is not medically necessary. The California Medical Treatment Utilization Schedule indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. 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 would provide any further efficacy. Additionally, it is indicated that topical salicylates are approved for chronic pain. According to Medrox package insert, Medrox is a topical analgesic containing menthol 5.00% and 0.0375% capsaicin and it is indicated for the temporary relief of minor aches and muscle pains associated with arthritis, simple backache, strains, muscle soreness, and stiffness. The efficacy of this medication was not reported. The medical guidelines do not support the use of capsaicin 0.0375% formulation. Furthermore, the medical guidelines state that topical analgesics are only recommended after a trial of antidepressants and anticonvulsants have failed. It was not reported that the injured worker had a trial of antidepressants or anticonvulsants that have failed. There were no other significant factors provided to justify the use outside of current guidelines. Additionally, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Cyclobenzaprine HCL 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41,64.

Decision rationale: The decision for Cyclobenzaprine HCl 10 mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule states that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain. However, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. The efficacy of this medication was not reported. Additionally, the request does not indicate a frequency for the medication. There is a lack of documentation of objective

improvement from the use of this medication. There were no other significant factors provided to justify the use of Cyclobenzaprine HCl 10 mg #60. Therefore, this request is not medically necessary.

Mobic 7.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The decision for Mobic 7.5 mg #30 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis (including knee and hip) in patients with acute exacerbations of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. In injured workers with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. The efficacy of this medication was not reported. There is a lack of documentation of an objective assessment of the injured worker's pain level and functional status. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.

Naproxen Sodium 550mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The decision for Naproxen sodium 550mg #30 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis (including knee and hip) in patients with acute exacerbations of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. In injured workers with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short term symptomatic relief. The efficacy of this medication was not reported. There is a lack of documentation of an objective assessment of the injured worker's pain level and functional status. Furthermore, the request does not indicate a frequency for the medication. Therefore, this request is not medically necessary.