

<b>Case Number:</b>	CM14-0147208		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Occupational Medicine 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:

This 57 year old patient had a date of injury on 10/27/2011. The mechanism of injury was not noted. In a progress note dated 7/30/2014, subjective findings included extreme aggravation of pain in both the right and left shoulder, and left side has been worse at times. Medication helps bring the pain down to about a 6/10. On a physical exam dated 7/3/2014, there is tenderness and cervical paravertebrals and trapezius. There is tenderness noted at the bilateral AC joint and subacromial space. The diagnostic impression shows cervical sprain, bilateral shoulder sprain, myofascial pain, S/P right foot surgery. Treatment to date: medication therapy, behavioral modification, surgery on 7/16/2014. A UR decision dated 8/26/2014 denied the request for flexeril 7.5mg #30, stating this patient has been on flexeril since at least 2/2014 and guidelines do not support long term use. Medrox Ointment was denied, stating that capsaicin is recommended only as an option in patients who have not responded to other treatments.

### 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 Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using 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. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In a progress note dated 7/30/2014, there was no documentation of an acute exacerbation of pain. Furthermore, guidelines do not support long term use, and this patient appears to be on this medication chronically, as it was prescribed in the 7/2/2014 progress report. Therefore, the request for flexeril 7.5mg #30 was not medically necessary.

**Medrox ointment:** Upheld

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

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

**Decision rationale:** CA MTUS 2009: 9792.24.2. Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Regarding Medrox, a search of online resources identify Medrox ointment to be a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. Furthermore, there was no documentation of failure of 1st line oral analgesics, as the patient was prescribed Motrin 800mg in the 7/30/2014 progress report. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Medrox Ointment is not medically necessary.