

Case Number:	CM14-0029313		
Date Assigned:	07/02/2014	Date of Injury:	10/22/2009
Decision Date:	09/19/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/07/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 56 year old male with date of injury 10/22/2009. The mechanism of injury is not stated in the available medical records. The patient has complained of lower back pain, left knee pain and right shoulder pain since the date of injury. He has been treated with physical therapy and medications. There are no radiographic data included for review. The patient's objective findings included positive impingement sign and painful range of motion in the right shoulder; paraspinal musculature tenderness to palpation and dysesthesia in an L5-S1 distribution of the lumbar spine; tenderness with palpation at the medial joint line, positive McMurray's test, pain with extreme flexion of the right knee; pain with palpation at plantar fascia insertion site bilaterally in the feet. The patient's diagnoses included lumbar discopathy with radiculitis, right shoulder impingement, bilateral plantar fasciitis. The treatment plan and request consisted of Cidaflex, Flexeril, and Medrox ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cidaflex tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: This 56 year old male has complained of lower back pain, left knee pain and right shoulder pain since date of injury 10/22/2009. He has been treated with physical therapy and medications. The current request is for Cidaflex. Per the MTUS guideline cited above, Glucosamine is recommended as an option in patients with moderate arthritis pain especially knee osteoarthritis. There is no documentation in the available medical records listing osteoarthritis or arthritis as a diagnosis. On the basis of this lack of documentation and per the MTUS guidelines cited above, Cidaflex is not indicated as medically necessary.

Cyclobenzaprine Hydrochloride tablets 7.5 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Procedure Summary.

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

Decision rationale: This 56 year old male has complained of lower back pain, left knee pain and right shoulder pain since date of injury 10/22/2009. He has been treated with physical therapy and medications. The current request is for Flexeril, # 120 tablets. Per the MTUS guideline cited above, treatment with Cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only. The current request exceeds this recommended time period. Furthermore, the addition of Cyclobenzaprine to other agents is not recommended. Per the MTUS guidelines cited above, Cyclobenzaprine is not indicated as medically necessary.

Medrox ointment #120 x 2: 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 analgesics Page(s): 111.

Decision rationale: This 56 year old male has complained of lower back pain, left knee pain and right shoulder pain since date of injury 10/22/2009. He has been treated with physical therapy and medications. The current request is for Medrox ointment. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Medrox patch is not indicated as medically necessary.