

Case Number:	CM13-0057074		
Date Assigned:	12/30/2013	Date of Injury:	08/01/1993
Decision Date:	02/05/2015	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/25/2013

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 Rehab, has a subspecialty in Interventional Spine, 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 patient is a 29 year old male with an injury date of 08/01/93. Per the 11/19/13 report, the patient presents with ongoing pain in both knees, right greater than left rated 4/10. The patient also presents with lower back pain with radicular symptoms to the lower extremities. The patient is morbidly obese with a stiff antalgic gait favoring the left lower extremity. He ambulates with a single point cane. Examination reveals tenderness to palpation along the posterior cervical musculature bilaterally with decreased range of motion; decreased sensation along the lateral arms and forearms bilaterally; diffuse muscle atrophy along the thenar and hypothenar muscles bilaterally with profound loss of sensation in the ulnar nerve distribution from the wrist. Examination of the lumbar spine reveals tenderness to palpation along the lumbar musculature bilaterally and decreased range of motion along with decreased sensation along the L5 distribution bilaterally. The patient's right knee reveals tenderness to palpation along the medial and lateral joint line with mild crepitus noted. There is swelling of the left ankle with tenderness to palpation throughout. The patient's diagnose include: 1. Cervical degenerative disease with facet arthropathy and BUE radiculopathy; 2. Thoracic spine sprain/strain; 3. Lumbar degenerative disc disease and BLE radiculopathy; 4. Bilateral peroneal neuropathy; 5. Bilateral knee internal derangement; 6. Left ankle traumatic arthritis; 7. Medication induced gastritis; 8. Bilateral ulnar nerve entrapment. The patient received LESI 10/07/13 that provide 60% pain relief to the lower back and radicular pain to the bilateral lower extremities. The patient also received a series of Synvisc injections to the bilateral knees ending 07/05/13 that were beneficial. Medications are listed as Norco, Anaprox, Fexmid, Prilosec, Xanax, Trazodone, Lexapro, Dendracin topical analgesic cream. The utilization review is dated 11/12/13. Reports were provided for review from 04/11/13 to 11/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

DENDRACIN 120ML, THREE (3) TIMES PER DAY: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: dailymed.nlm.nih.gov.

Decision rationale: The patient presents with ongoing right knee pain, along with lower back pain with radicular symptoms to the bilateral extremities, as well as cervical and thoracic spine complaints, and decreased sensation in the bilateral arms and forearms. The current request is for DENDRACIN 120ML, THREE (3) TIMES PER DAY. The RFA is not included. The 11/12/13 utilization review does not state the date of the request. The National Library of Medicine, National Institutes of Health state that Dendracin is a compound of Capsaicin .0375%, Menthol 10%, and Methyl Salicylate: dailymed.nlm.nih.gov. MTUS guidelines state the following about Capsaicin. "Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). 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." The reports provided show that the patient has been prescribed this medication since at least 07/05/13. The 10/22/13 report states that use of the medication has been of benefit to the patient. In this case, the use of topical NSAID for the treatment of the patient's left ankle traumatic arthritis is supported by MTUS as topical NSAIDs are to be recommended for peripheral joint arthritic pain. The current request IS medically necessary.

FEXMID (CYCLOBENZAPRINE) 7.5MG, TWO (2) TIMES PER DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-64.

Decision rationale: The patient presents with ongoing right knee pain, along with lower back pain with radicular symptoms to the bilateral extremities, as well as cervical and thoracic spine complaint and decreased sensation in the bilateral arms and forearms. The current request is for FEXMID (CYCLOBENZAPRINE) 7.5MG, TWO (2) TIMES PER DAY. The RFA is not included. The 11/12/13 utilization review does not state the date of the request. MTUS guidelines page 64 states the following, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. "MTUS guidelines for muscle relaxant for pain page 63 state, "Recommend non-sedating muscle

relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2 to 3 weeks for use of the medication. The reports provided show the patient has been prescribed this medication since at least 08/01/13. The reports repeatedly state that the subjective and functional response to listed medications are reviewed with the patient. In this case, it appears the patient has been prescribed this medication beyond the short-term use of 2-3 weeks recommended by MTUS. Therefore, the request IS NOT medically necessary.