

Case Number:	CM14-0168822		
Date Assigned:	10/16/2014	Date of Injury:	08/20/2007
Decision Date:	05/01/2015	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old male injured worker suffered an industrial injury on 08/20/2007. The diagnoses were rotator cuff sprain/stain, shoulder impingement, lumbar radiculopathy, and internal derangement of the knee and anxiety disorders. The injured worker had been treated with right shoulder arthroscopy, medications and physical therapy. On 11/3/2014 the treating provider reported cervical spine muscle was tender with spasm with restricted range of motion. The right shoulder had markedly restricted range of motion. The sensation was reduced in the hands. The lumbar spine muscles were tender with spasms and range of motion restriction along with positive straight leg raise. The treatment plan included Medrox, Celebrex, and Cyclobenzaprine.

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 Medications.

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

Decision rationale: The patient presents on 08/27/14 for a follow up appointment. No complaints are specified, treater states that this patient's shoulder symptoms and range of motion are improved since last visit. The patient's date of injury is 08/20/07. Patient is status post right shoulder arthroscopic surgery at a date unspecified. The request is for MEDROX PAIN RELIEF OINTMENT 2 REFILLS. The RFA is dated 08/27/14. Physical examination dated 08/27/14 reveals tenderness to palpation of the cervical paraspinal muscles with spasms noted, tenderness to palpation of the lumbar paraspinal muscles with spasms noted, and positive straight leg raise test bilaterally. Right shoulder examination reveals a well healed surgical scar and a marked decrease in range of motion. The patient is currently prescribed Medrox, Celebrex, and Cyclobenzaprine. Diagnostic imaging was not included. Per 08/27/14 progress note, patient is advised to return to work with modifications. MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, any compounded product that contains at least one (or drug class) that is not recommended is not recommended. Medrox is a compound topical analgesic that includes methyl salicylate 20%, menthol 5%, and capsaicin 0.0375%. MTUS Guidelines allows capsaicin for chronic pain condition such as fibromyalgia, osteoarthritis, and nonspecific low back pain. However, MTUS Guidelines consider doses that are higher than 0.025% to be experimental, particularly at high doses. Medrox ointment contains 0.075% of capsaicin, which is not supported by MTUS Guidelines. Therefore, Medrox Cream IS NOT medically necessary.

Celebrex 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents on 08/27/14 for a follow up appointment. No complaints are specified, treater states that this patient's shoulder symptoms and range of motion are improved since last visit. The patient's date of injury is 08/20/07. Patient is status post right shoulder arthroscopic surgery at a date unspecified. The request is for CELEBREX 100MG. The RFA is dated 08/27/14. Physical examination dated 08/27/14 reveals tenderness to palpation of the cervical paraspinal muscles with spasms noted, tenderness to palpation of the lumbar paraspinal muscles with spasms noted, and positive straight leg raise test bilaterally. Right shoulder examination reveals a well healed surgical scar and a marked decrease in range of motion. The patient is currently prescribed Medrox, Celebrex, and Cyclobenzaprine. Diagnostic imaging was not included. Per 08/27/14 progress note, patient is advised to return to work with modifications. MTUS Chronic Pain Medical Treatment Guidelines, page 22, has the following under Anti-inflammatory medications: "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost. (Rate of overall GI bleeding is 3% with COX-2s versus 4.5% with ibuprofen.) (Homik, 2003) For precautions in specific patient populations, see NSAIDs, GI

symptoms & cardiovascular risk." In regard to the request for Celebrex, treater has not provided a reason for the request. This patient has been taking Celebrex since at least 08/12/14 with some objective benefits in the subsequent reports. However, there is no discussion of a history of GI complications, or upset attributed to standard NSAID medications such as Ibuprofen or Naproxen. MTUS guidelines state that Celebrex is indicated in patients with a history of GI complications and not recommended for the majority of patients owing to high cost. Without a documented history of GI upset secondary to NSAID use or other GI complications, the medical necessity of this medication cannot be substantiated. The request IS NOT medically necessary.

60 Cyclobenzaprine 5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents on 08/27/14 for a follow up appointment. No complaints are specified, treater states that this patient's shoulder symptoms and range of motion are improved since last visit. The patient's date of injury is 08/20/07. Patient is status post right shoulder arthroscopic surgery at a date unspecified. The request is for 60 cyclobenzaprine. The RFA is dated 08/27/14. Physical examination dated 08/27/14 reveals tenderness to palpation of the cervical paraspinal muscles with spasms noted, tenderness to palpation of the lumbar paraspinal muscles with spasms noted, and positive straight leg raise test bilaterally. Right shoulder examination reveals a well healed surgical scar and a marked decrease in range of motion. The patient is currently prescribed Medrox, Celebrex, and Cyclobenzaprine. Diagnostic imaging was not included. Per 08/27/14 progress note, patient is advised to return to work with modifications. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Cyclobenzaprine, treater has specified an excessive duration of therapy. This patient has been taking Cyclobenzaprine since at least 08/02/14, though efficacy is not documented in the subsequent reports. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute pain. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the requested 60 tablets on 08/27/14 in addition to the 60 tablets prescribed on 08/02/14 does not imply short duration therapy. Therefore, the request IS NOT medically necessary.