

Case Number:	CM14-0217402		
Date Assigned:	01/07/2015	Date of Injury:	01/02/2008
Decision Date:	03/05/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/29/2014

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. 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 injured worker is a 35 year old female with a reported industrial injury on January 2, 2008, the mechanism of the injury was not provided in the available medical records. The injured worker was seen on November 20, 2014, for follow-up visit with the primary treating physician. The presenting complaints included complaints of cervical spine pain. The bilateral upper shoulder pain radiates to the back of her head. The spine pain radiates to both arms with numbness and tingling in both hands and continues to complain of anxiety and depression. The cold weather aggravates the pain, medication helps with her depression and the pain medication helps with the pain. The current medications are Nalfon, Paxil, Prilosec and Ultram ER as well as Flurbiprofen 25%/Menthol 10%/Camphor 3%/Capsaicin 0.0375% and topical cream. The physical exam of the cervical spine revealed tenderness to palpation in the cervical paraspinal musculature and decreased range of motion secondary to pain and stiffness, examination of the bilateral upper extremities revealed positive Tinel's sign and Phalen's sign in both hands, examination of the lumbar spine revealed tenderness to palpation in the lumbar paraspinal musculature with decreased range of motion secondary to pain and stiffness, sensory examination was diminished to light touch and pinprick at the bilateral C6 and bilateral median nerve distribution. The diagnostic studies have included previous drug screening. Diagnoses are Cervical Discopathy with disc displacement, cervical radiculopathy, lumbar Discopathy with disc displacement, lumbar radiculopathy, and bilateral carpal tunnel syndrome and mood disorder. The treatment plan included continuation of medications and apply creams to affected areas a request for massage therapy for her muscle spasms and urine toxicology testing. The

injured worker is temporarily totally disabled. On December 2, 2014, the provider requested Fexmid 7.5MG, topical cream (quantity and strength were not provided), Nalfon 400mg, Paxil 20mg, Prilosec 20mg, Ultram ER 150mg and Norco 10/325mg. On December 9, 2014, the Utilization Review non-certified Fexmid 7.5MG, topical cream and certified Nalfon 400mg, Paxil 20mg, Prilosec 20mg, Ultram ER 150mg and Norco 10/325mg, the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5MG (quantity not provided): Upheld

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

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

Decision rationale: The patient presents with anxiety, depression, cervical spine pain radiating to both arms with numbness/tingling in both hands, bilateral upper shoulder pain radiating to the back of her head, and pain in the lateral epicondyle of her left elbow. The request is for FEXMID 7.5 MG, #120 one tablet p.o. b.i.d. It appears that this is the first prescription of this medication. For the cervical spine, there is tenderness to palpation in the cervical paraspinal musculature with decreased range of motion secondary to pain and stiffness. The bilateral upper extremities has a positive Tinel's sign and Phalen's sign in both hands. The lumbar spine has tenderness to palpation in the lumbar paraspinal musculature with decreased range of motion secondary to pain and stiffness. Sensory examination is diminished to light touch and pinprick at the bilateral C6 and bilateral median nerve distribution. MTUS, pages 63-66 states: Muscle relaxants (for pain) recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exasperation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxolone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. It appears that this is the first prescription of Fexmid. MTUS Guidelines do not recommend use of cyclobenzaprine for longer than 2 to 3 weeks. The prescription is for 120 tablets of Fexmid twice a day, which equates to 60 days worth of medications. This exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Therefore, the requested Flexeril IS NOT medically necessary.

topical cream (quantity and strength were not provided): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- salicylate topicals

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

Decision rationale: The patient presents with anxiety, depression, cervical spine pain radiating to both arms with numbness/tingling in both hands, bilateral upper shoulder pain radiating to the back of her head, and pain in the lateral epicondyle of her left elbow. The request is for TOPICAL CREAM, quantity and strength not provided. The 11/20/14 report indicates that the topical cream is Flurbiprofen 25%/Menthol 10%/Camphor 3%/ Capsaicin 0.0375%. It appears that this is the first prescription of this medication. For the cervical spine, there is tenderness to palpation in the cervical paraspinal musculature with decreased range of motion secondary to pain and stiffness. The bilateral upper extremities has a positive Tinel's sign and Phalen's sign in both hands. The lumbar spine has tenderness to palpation in the lumbar paraspinal musculature with decreased range of motion secondary to pain and stiffness. Sensory examination is diminished to light touch and pinprick at the bilateral C6 and bilateral median nerve distribution. MTUS has the following regarding topical creams (page 111, chronic pain section), Topical analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy and clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Flurbiprofen is an NSAID indicated for peripheral joint arthritis/tendinitis. MTUS Guidelines page 111 also has the following regarding topical creams, Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety. 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. The compounded cream consists of Capsaicin 0.0375% which is not supported by MTUS Guidelines. MTUS further states: Any compounded product that contains at least one (or drug class) that is not recommended is not recommended. Since Capsaicin 0.035% is not indicated in a topical formulation, the whole compounded cream IS NOT medically necessary.