MAXIMUS Federal Services

Case Number:	CM15-0129964		
Date Assigned:	07/16/2015	Date of Injury:	06/15/2011
Decision Date:	08/19/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 61 year old male, who sustained an industrial injury on 6/15/2011. The mechanism of injury is not clear. The injured worker was diagnosed as having status post left shoulder arthroscopic surgery cuff repair, recurrent rotator cuff/labral tear, right knee medial meniscal tear with chondromalacia of the patella, status post left knee arthroscopy, and status post right shoulder arthroscopy. Treatment to date has included left shoulder surgery (8/20/2014), left knee surgery (6/30/2012), right shoulder surgery (9/7/2013), medications, blood work, urine drug screening, and magnetic resonance imaging of the left shoulder (2/3/2015). The request is for Cyclobenzaprine and topical creams. On 12/18/2014, he is reported to have just started physical therapy and is status post left shoulder surgery on 8/20/2014. Progress is noted to be slow, and he complained of popping in the left shoulder. The treatment plan included: magnetic resonance imaging arthrogram of the left shoulder, continue physical therapy, refill Norco, and remain off work. On 3/12/2015, he complained of left shoulder and left knee pain. He indicated the pain was about the same. His blood pressure is noted to be 128/75. The treatment plan included: left shoulder surgery, Norco prescribed, and other medications were renewed. The other medications are not listed in the record on this date. He is off work. On 4/28/2015, he reported continued pain in the left shoulder, which he felt, was worsened. He indicated the pain to not allow him to perform activities of daily living and he has difficulty sleeping. His blood pressure is noted to be 141/90. The left shoulder is positive for subacromial impingement, and there is tenderness noted in the area. The treatment plan included: left shoulder surgery, and refill of: Anaprox, Prilosec, Ultram, Norco, Cyclobenzaprine and topical creams. A urine drug screen was noted to have been sent to the laboratory on this date. He is off work. Several pages of the medical records have handwritten information, which is difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical creams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics; Functional restoration approach for chronic pain management Page(s): 111-113, 8-9.

Decision rationale: According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. The CA MTUS also states that when prescribing controlled substances for pain a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The CA MTUS recommend topical analgesics as an option, primarily for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. The CA MTUS guidelines do not recommend any compounded product that contains at least one drug (or drug class) that is not recommended. Medical necessity cannot be determined for unspecified compounds, and unpublished ingredients cannot be assumed to be safe or effective. In this case, the prescription is for topical creams with ingredients not determined or documented. In addition, the records do not indicate functional improvement from the use of topical creams. Therefore, the request of topical creams is not medically necessary.

Cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Muscle relaxants, Flexeril (Cyclobenzaprine), Cyclobenzaprine (Flexeril); Functional restoration approach to chronic pain management Page(s): 60-61, 63-66, 41- 42, 48, 8-9.

Decision rationale: Per the CA MTUS, Cyclobenzaprine is an antispasmodic muscle relaxant. Non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Antispasmodics are used to decrease muscle spasm in conditions such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known.

Cyclobenzaprine is recommended for a short course therapy. There is limited, mixed evidence that does not allow for recommendation for chronic use. According to the CA MTUS, all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. The CA MTUS also states that when prescribing controlled substances for pain a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In this case, it is not clear when Cyclobenzaprine was originally prescribed; however, it appears to have been long term. In addition, there is no indication of functional improvement with the use of Cyclobenzaprine, and the request is for an unknown quantity and frequency of use. Therefore, the request of Cyclobenzaprine is not medically necessary.