

Case Number:	CM15-0171913		
Date Assigned:	09/14/2015	Date of Injury:	10/07/2013
Decision Date:	10/15/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 44 year old female who reported an industrial injury on 10-7-2013. Her diagnoses, and or impressions, were noted to include: neck sprain-strain; cervical spine stenosis; neck pain and headaches; and radiculopathy. The medical records also noted two other work-related dates of injuries, 6-2-2014 and a 6-12-2014, and diagnoses, which included fibromyalgia and left shoulder impingement. Recent magnetic imaging studies of the cervical spine were done on 4-2-2015, noting abnormal findings. Her treatments were noted to include: arthroscopy with decompression and debridement of the left shoulder, and excision of the left distal clavicle on 1-6-2015; physical therapy for the cervical spine (March & April 2015); Toradol injection for complaints of neck pain on 7-31-2015; medication management; and rest from work. The Prompt Care progress notes of 7-31-2015 reported a workman's comp follow-up from the 6-2-2014 date of injury to the left shoulder; complaints of continuous, 8 out of 10, neck pain that radiated down the arms; that her current medications included Tramadol, Flexeril 10 mg for spasms, and Tylenol #3 30-300 mg 1 tab every 4-6 hours as needed for pain; and of a pending appointment with a pain specialist. Objective findings were noted to include: no acute distress; tenderness to the neck with limited range-of-motion due to pain, and radicular symptoms down the right arm. The physician's request for treatments was noted to include prescriptions for Flexeril 10 mg 1 three times a day as needed for spasms, #60; Tylenol #3 300-30 mg 1 tab every 4 hours as needed for pain, #60; and Baclofen compound cream, apply 1 inch to small areas or 2 inches to large areas, 120 grams. The Request for Authorization for Flexeril 10 mg #60, Tylenol #3-300 mg #60, and a Baclofen compound cream 120 grams was not noted in the medical records provided. The Utilization Review of 8-24-2015 non-certified the requests for Flexeril 10 mg #60, Tylenol #3-300 mg #60, and a Baclofen compound cream 120 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in October 2013 and underwent a left shoulder arthroscopic decompression with rotator cuff repair in January 2015. She continues to be treated for shoulder and radiating neck pain. Over the past three months, pain scores have been 7-8/10. When seen, pain was rated at 8/10. Physical examination findings included cervical spine tenderness with decreased range of motion. She was maintained out of work pending a second orthopedic opinion. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long-term use and was not medically necessary.

Tylenol #3/300mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in October 2013 and underwent a left shoulder arthroscopic decompression with rotator cuff repair in January 2015. She continues to be treated for shoulder and radiating neck pain. Over the past three months, pain scores have been 7-8/10. When seen, pain was rated at 8/10. Physical examination findings included cervical spine tenderness with decreased range of motion. She was maintained out of work pending a second orthopedic opinion. Tylenol #3 is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

Compound Cream: Baclofen 2%/Cyclobenzaprine 2%/Ketorolac 15%/Lidocaine 5% quantity 120gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant sustained a work injury in October 2013 and underwent a left shoulder arthroscopic decompression with rotator cuff repair in January 2015. She continues to be treated for shoulder and radiating neck pain. Over the past three months, pain scores have been 7-8/10. When seen, pain was rated at 8/10. Physical examination findings included cervical spine tenderness with decreased range of motion. She was maintained out of work pending a second orthopedic opinion. This request is for a compounded topical medication with components including baclofen, cyclobenzaprine, and ketorolac. Compounded topical preparations of ketorolac are used off-label (non-FDA approved) and have not been shown to be superior to commercially available topical medications such as diclofenac. Baclofen and cyclobenzaprine are muscle relaxants and there is no evidence for the use of any muscle relaxant as a topical product. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. By prescribing a compounded medication, in addition to increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. This medication was not medically necessary.