

Case Number:	CM15-0175680		
Date Assigned:	09/17/2015	Date of Injury:	09/15/2011
Decision Date:	10/20/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/08/2015

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, California
 Certification(s)/Specialty: Family Practice

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 59-year-old female, who sustained an industrial injury on September 15, 2011. The injured worker was diagnosed as having left shoulder sprain, lumbar sprain, diabetes, and hypertension. Treatment and diagnostic studies to date has included use of a safety belt, use of a heating pad, use of H-wave machine, home exercise program, and medication regimen. In a progress note dated July 08, 2015 the treating physician reports continued pain to the low back that radiates to the lower legs, and complaints of pain to the left shoulder with tightness that was noted to have "improved". Examination performed on July 08, 2015 was revealing for stiffness and tightness to the cervical paravertebral muscles with the left worse than the right, tenderness to the acromioclavicular joint and the subacromial space to the left shoulder, pain with range of motion to the left shoulder, tenderness to the lumbar spine that was noted to be worse at lumbar four to five, and decreased range of motion to the lumbar spine. On July 08, 2015, the injured worker's pain level to the back was rated a 6 to 8 noting that she did not receive medications the "last time". The progress note from May 06, 2015 noted that the injured worker's pain level to the low back was rated an 8 on a scale of 0 to 10 without the use of her medication regimen and rated the pain level of a 4 with the use of her medication regimen along with allowing the injured worker to be functional and to perform activities of daily living. On May 06, 2015, the treating physician's medication regimen included the medications of Lenza Patch and Terocin, which was prescribed to her since at least May 04, 2015. On July 08, 2015, the treating physician requested the medication of Flexeril 7.5mg with a quantity of 30 for muscle relaxation to treat the pain due to muscle spasms, the medication of Tramadol 50mg with a quantity of 30

for inflammation and pain, and the medication of Medrox Ointment (Medroxcin) Methyl Salicylate 20%, Menthol 5%, and Capsaicin 0.0375% with a quantity of 120grams to be used for pain control. On August 12, 2015, the Utilization Review determined the requests for Flexeril 7.5mg with a quantity of 30, Tramadol 50mg with a quantity of 30, and Medrox Ointment (Medroxcin) Methyl Salicylate 20%, Menthol 5%, and Capsaicin 0.0375% with a quantity of 120grams to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #30: 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).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant was given Flexeril in combination with Tramadol and topical analgesics. The claimant does not have fibromyalgia to warrant extended use. A month of Flexeril is longer than the time frame for optimal benefit. The Flexeril (Cyclobenzaprine) is not medically necessary.

Tramadol 50mg #30: 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 for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, there was no mention of Tylenol, or NSAID failure. As a result, initiating Tramadol before 1st line medications is not justified and not medically necessary.

Medroxin ointment (medroxcin) Methyl Salicylate 20 percent, Menthol 5 percent and capsaicin 0.0375 percent 120 grams: 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: Medroxin contains: methyl salicylate 5%, menthol 5%, capsaicin 0.0375%. The use of compounded agents has very little to no research to support their use. According to the MTUS guidelines, Capsacin are recommended in doses less than .025%. An increase over this amount has not been shown to be beneficial. In this case, Medrox contains a higher amount of Capsacin than is medically necessary. The claimant had been on other topical medications including Terocin for several months. Terocin contains similar ingredients to Medroxiin. Long-term use is not indicated. As per the guidelines, any compounded medication that contains a medication that is not indicated is not indicated. Therefore, Medroxin is not medically necessary.