

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

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

This is a 38 year old male with who sustained a work injury on 10/12/2011. Patient was at a job site working as a painter when he fell into a hole while moving an extended ladder which then fell on top of his left shoulder. Patient sustained injuries as a result of this and seeked medical attention. The relevant diagnosis includes:discogenic cervical condition with radicular component down his upper extremities, Impingement syndrome of the left shoulder with bicipital tendinitis and rotator cuff inflammation. Since his injuries he has undergone multiple modalities of treatment including, medication, physical therapy, hot/cold treatment, cortisone injections, and a TENS unit. Per notes he has chronic left shoulder pain with persistant stiffness, spasms and muscle tightness and neck pain. It has also been noted that he has difficulty on lifting objects over 5 pounds, has shoulder weakness, and states without medication his pain is 7-8/10 and on medication it is 4/10. Progree notes dated 8/13/2012 document that he has limited ADL's. The relevant issue in this case is whether one prescription of Flexeril 7.5mg #60, one prescription of Dendracin lotion 120ml, one prescription of Medrox patches #20, and one prescription of Vicodin 5/500mg #60 is medically necessary.

IMR DECISION(S) AND RATIONALE(S)

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

1. One prescription of Flexeril 7.5mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009), which are part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 63-64, which are part of the MTUS.

The Physician Reviewer's decision rationale:

After careful review of the medical records and documentation provided to me muscle relaxants are recommended for a short duration of time and not for chronic use. There is no specific functional benefit documented while being on this medication. Therefore on the above basis the request for Flexeril 7.5mg #60 is not medically necessary.

2. One prescription of Dendracin lotion 120ml is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009), which are part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 60-61 and 111-113, which are part of the MTUS.

The Physician Reviewer's decision rationale: After careful review of the medical records and documentation provided to me topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have been tried and failed. Capsaicin which is an ingredient in Dendracin, is recommended for use in those who are unsuccessful with conventional therapy and primarily used for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain which this patient does not have. Specifically the patient has not tried and failed the different modalities of conventional treatments including but not limited to the different medications that are available. Methyl salicylate an NSAID in Dendracin is indicated in Osteoarthritis and tendinitis (short-term only). The patient does not meet the MTUS criteria for this. Therefore on the above basis the request for Dendracin lotion 120ml is not medically necessary

3. One prescription of Medrox patches #20 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009), which are part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 60-61 and 111-113, which are part of the MTUS.

The Physician Reviewer's decision rationale: Capsaicin which is an ingredient in Medrox, is recommended for use in those who are unsuccessful with conventional therapy and primarily used for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain which this patient does not have. Specifically the patient has not tried and failed the different modalities of conventional treatments including but not limited to the different medications that are available. Methyl salicylate an NSAID in Medrox is indicated in Osteoarthritis and tendinitis (short-term only). The patient does not meet the MTUS criteria for this. Therefore on the above basis the request for Medrox patches #20 is not medically necessary

4. One prescription of Vicodin 5/500mg #60 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009), which are part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 78, 81 and 91, which are part of the MTUS.

The Physician Reviewer's decision rationale:

After careful review of the medical records and documentation provided to me it is noted that patient has pain reduction while on this medication but there is lack of functional improvement. In addition, there is significant limitations to the patient's ADL's with little improvement while taking Vicodin. Therefore on the above basis the request for Vicodin 5/500mg #60 is not medically necessary.

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[REDACTED]

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