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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

1068
[redacted]

Dated: 12/27/2013

IMR Case Number:	CM13-0018453	**Date of Injury:**	08/21/2012
Claims Number:	[redacted]	**UR Denial Date:**	08/17/2013
Priority:	STANDARD	**Application Received:**	08/29/2013
Employee Name:	[redacted]		
Provider Name:	[redacted]		
Treatment(s) in Dispute Listed on IMR Application:			
PLEASE REFERENCE UTILIZATION REVIEW DETERMINATION LETTER			

DEAR [redacted]

MAXIMUS Federal Services has completed the Independent Medical Review ("IMR") of the above workers' compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [redacted]

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 male patient with the date of injury of August 21, 2012. A utilization review determination dated August 17, 2013 recommends, non-certification of cyclobenzaprine and Medrox between June 12, 2013 and June 12, 2013. A progress report dated June 12, 2013 states, "the patient has persistent pain of the neck that is aggravated by repetitive motions of the neck and prolonged positioning of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. He has low back pain that is aggravated by bending, lifting, twisting, pushing, pulling, sitting, standing, and walking multiple blocks. The symptomatology in the patient's bilateral elbows and bilateral wrist is essentially unchanged." Physical examination identifies tenderness to palpation around the cervical and lumbar spine. There is also pain with range of motion testing of the lumbar spine. Spasm is noted in the cervical spine. Diagnosis states, status post C4 to C7 cervical hybrid reconstruction, right active C7 denervation, clinical radiculopathy, bilateral carpal tunnel syndrome, and lumbar discopathy. Treatment plan recommends rehabilitation, "cyclobenzaprine hydrochloride #120… has been provided to the patient for palpable paravertebral muscle spasms noted in the cervical and lumbar spine today. The patient described having relief of the symptoms with use of this medication in the past. He is aware this should only be taken in short courses for acute spasms." Treatment plan goes on to recommend "Medrox patch to be used topically for relief of minor aches and muscle pain. The patient notes this has provided significant relief of muscle pain and aches, especially in the evenings allowing the patient to relax before sleep." A note dated October 31, 2012 recommends using cyclobenzaprine 1 tablet by mouth every 8 hours as needed for pain and muscle spasm. A note dated January 16, 2013 recommends use of cyclobenzaprine #120 for muscle spasm and Medrox. A note dated February 6, 2013 recommends ongoing use of cyclobenzaprine

#120. A note dated April 3, 2013 recommends the use of cyclobenzaprine #120 for muscle spasm and Medrox.

IMR DECISION(S) AND RATIONALE(S)

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

1. Retrospective request for Cyclobenzaprine Hydrochloride 7.5mg #120 between 6/12/13 and 6/12/13 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009).

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines (2009), pages 63-66, which are part of the MTUS.

The Physician Reviewer's decision rationale:
Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines recommend the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations in patients with chronic low back pain. Regarding cyclobenzaprine specifically, guidelines recommend that it be used for a short course of therapy and do not recommend it for chronic use. Within the documentation available for review, it appears the patient has been using cyclobenzaprine consistently since 2012. On the June 12, 2013 date of service, there is no indication that the patient had an acute flare-up of pain, or any other exacerbation, for which a short course of cyclobenzaprine would be needed. Guidelines clearly recommend against the chronic use of cyclobenzaprine. Therefore, the currently requested cyclobenzaprine is not medically necessary.

2. Retrospective request for 2 prescriptions of Medrox pain relief ointment 120gms between 6/12/13 and 6/12/13 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (May 2009).

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

The Physician Reviewer's decision rationale:
Regarding the request for Medrox, a search of the Internet identifies a Medrox is a combination of capsaicin, methyl salicylate, and menthol. Chronic Pain Medical Treatment Guidelines state that topical analgesics are recommended as an option. They go on to state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding topical NSAIDs, guidelines state that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment, but either not afterwards, or with a diminishing effect over another two week period. They go on to state that topical NSAIDs are recommended for short-term use. Regarding the use of capsaicin, guidelines state that it is recommended only as an option in patients who have not responded to or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient has been using Medrox for short-term

treatment only. In fact, it appears the patient has been utilizing Medrox for an extended period of time. There is no documentation indicating that the patient would be unable to tolerate or has failed oral NSAIDs, which have considerably more guideline support when compared with topical NSAIDs. Additionally, there is no indication that the patient cannot tolerate, or has not responded to other treatment options prior to the initiation of capsaicin, as recommended by guidelines. As such, the currently requested Medrox is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

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CM13-0018453