

Case Number:	CM14-0142724		
Date Assigned:	09/10/2014	Date of Injury:	05/18/2012
Decision Date:	10/22/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old man who sustained a work related injury on May 18, 2012. The patient subsequently developed chronic neck, back, bilateral shoulders, and bilateral knees pain. According to the progress report of July 30, 2014, the patient complained of pain in the neck, mid/upper back, lower back, bilateral shoulders/arms, and bilateral knees. His pain in the neck is rated as 7-8/10, which has increased from 4-5/10 on the last visit; 7/10 in the mid/upper back, which has increased from 5/10 on the last visit; 2-3/10 in the lower back, which has decreased from 3/10 on the last visit; 4/10 in the right shoulder/arm, which has decreased from 6-7/10 on the last visit; 6/10 in the left shoulder/arm, which has increased from 3/10 on the last visit; and 1-2/10 in the left knee, which has decreased from 6-7/10 on the last visit. He rated his pain in the right knee as 7-8/10. His physical examination of the cervical and thoracic spine revealed grade 2 tenderness to palpation over the paraspinal muscles with restricted range of motion and positive compression test. Examination of the lumbar spine revealed grade 1 tenderness to palpation over the paraspinal muscles with reduced range of motion. Straight leg raise test is positive bilaterally. Examination of the bilateral shoulders revealed grade 2 tenderness to palpation over the right shoulder and over the left shoulder. Supraspinatus test was positive bilaterally. Examination of the bilateral arms revealed grade 2 tenderness to palpation over the right arm and over the left arm. Examination of the bilateral knees revealed grade 2-3 tenderness to palpation over the right knee and grade 1 tenderness to palpation over the left knee. McMurray's test is positive bilaterally. The patient states that there is some improvement with the treatment. He also stated that physical therapy helped to decrease his pain and tenderness. He indicates that his activities of daily living and function have improved by 10% with physical therapy. The patient was diagnosed with cervical spine discogenic disease with radiculopathy, thoracic spine musculoligamentous strain/sprain, lumbar spine musculoligamentous strain/sprain, bilateral

shoulder tendinosis, status post right shoulder surgery with residuals dated May 20, 2013, bilateral knee strain/sprain, sleep disturbance secondary to pain and depression. The provider requested authorization for Cyclobenzaprine , Motrin, FluriFlex, and TGHot topical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear significant functional improvement with prior use of muscle relaxants. There is no evidence of recent evidence of spasm. Therefore, the request for Cyclobenzaprine tablets 7.5mg #60 is not medically necessary.

Motrin 600 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NAPROXEN Page(s): 66.

Decision rationale: According to MTUS guidelines, Motrin is indicated for relief of pain related to osteoarthritis and back pain for the lowest dose and shortest period of time. There is no documentation that the shortest and the lowest dose of Naproxen was used. There is no documentation that the shortest and the lowest dose of Motrin was used. There is no clear documentation of pain and functional improvement with NSAID use. Therefore, the prescription of Motrin 600 mg #60 is not medically necessary.

FluriFlex 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Flurbiprofen is not approved for transdermal use.. Furthermore, oral form of this medication was not attempted, and there is no documentation of failure or adverse reaction from its use. Based on the above, the use of FlurFlex cream 180 mg is not medically necessary.

TGHot 180 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no proven efficacy of topical application of Tramadol, Gabapentin, Menthol, Camphor and Capsaicin. Furthermore, oral form of these medications was not attempted, and there is no documentation of failure or adverse reaction from their use. Based on the above, the use of TGHot is not medically necessary.