

<b>Case Number:</b>	CM13-0014347		
<b>Date Assigned:</b>	10/02/2013	<b>Date of Injury:</b>	02/13/2013
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 32 year old female that reported a reaching injury to her low back on 02/13/2013. Within the clinical report dated 06/19/2013 the injured worker reported she completed 9-10 physical therapy sessions with benefit. The injured worker reported lower back pain rated 8/10 and radiating to her lower extremities with weakness on the right. Upon physical examination the injured worker had a normal gait, heel and toe walk, and a positive straight leg test on the right. There was not an assessment of the medications that the injured worker was utilizing at the time of the exam, rather the only medications reported were the ones that the new physician was prescribing. The request for authorization was not submitted with the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUEST (DOS 6/19/13) FOR 30 TABLETS OF CYCLOBENZAPRINE 7.5MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

**Decision rationale:** The request for a retrospective request for Cyclobenzaprine 7.5mg from 06/19/2013 is not medically necessary. The Chronic Pain Medical Treatment guidelines recommend Cyclobenzaprine for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to Tricyclic antidepressants. The injured worker did not include muscle spasms as a subjective finding nor was it reported in the objective findings. The requesting physician's rationale for the request was unclear. Given the above, the request not medically necessary.

**RETROSPECTIVE REQUEST (DOS 6/19/13) FOR 2 BOXES OF MEDROX PATCHES (5 PATCHES PER BOX): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transdermal Analgesics Page(s): 111-112.

**Decision rationale:** The request for 2 boxes of Medrox patches is not medically necessary. The proprietary active ingredients of Medrox patches include Methyl Salicylate 20.00%, Menthol 5.00%, and Capsaicin 0.0375%. The Chronic Pain Medical Treatment Guidelines state that there have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The patch contains Capsaicin 0.0375% and is not recommended; the patch contains at least one component that is not recommended. The injured worker did not appear to have diagnoses which would correlate with the guideline recommendations. Given the above the request is not medically necessary.