

<b>Case Number:</b>	CM13-0015264		
<b>Date Assigned:</b>	10/07/2013	<b>Date of Injury:</b>	12/20/2006
<b>Decision Date:</b>	01/16/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 Occupational 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. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, mid back, and bilateral knee pain, reportedly associated with an industrial injury of May 24, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxant; topical compound; and the apparent imposition of permanent work restrictions. In a utilization review report of August 2, 2013, the claims administrator denied requests for Dendracin and Flexeril. The applicant's attorney subsequently appealed, on August 22, 2013. An earlier appeal letter of August 3, 2013 is notable for comments that the applicant is using topical compounded Terocin in conjunction with oral Neurontin and Pamelor. It is stated that the applicant was reporting incomplete analgesia with Neurontin and Pamelor alone. At that point, Dendracin and Terocin were sought. Fexmid, a muscle relaxant, has been introduced for muscle spasm, it is further noted. An earlier handwritten July 17, 2013 progress note is notable for comments that the applicant is using Neurontin, Dendracin, ketoprofen, Flexeril, Terocin, and Prilosec. No changes in the applicant's work status are made. The applicant is also receiving chiropractic manipulative therapy and states that the medication refills are reportedly providing relief. It is stated that Fexmid or Flexeril was being introduced for acute spasm purposes and represented a new medication. Nevertheless, 90 tablets of the same were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dendracin ointment prn:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112-113.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Dendracin are "largely experimental" and recommended primarily for neuropathic pain when antidepressants and/or anticonvulsants have failed. In this case, however, the attending provider has seemingly suggested that the applicant is using Neurontin and Pamelor, antidepressant and anticonvulsant, respectively, with some benefit, and these medications continue to be renewed. Ongoing usage of Pamelor and Neurontin effectively obviates the need for the topical compounded Terocin. Accordingly, the original review decision is upheld. The request remains non-certified, on independent medical review.

**Flexeril/Fexmid 7.5mg 1 tab # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Fexmid to other agents is not recommended. In this case, the applicant is using numerous other agents, including, Neurontin, oral ketoprofen, Pamelor, etc.; adding cyclobenzaprine or Flexeril to the mix is not indicated. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.