

Case Number:	CM13-0025083		
Date Assigned:	11/20/2013	Date of Injury:	11/16/2011
Decision Date:	01/27/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/16/2013

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 Neurology, 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 claimant is a 34 year old woman who sustained a work related injury (low back, left leg and neck) on November 16 2011. In a report dated June 12, 2013 the provider documented that the patient continued to have back pain and bilateral leg numbness. Her physical examination was significant for positive straight leg raise bilaterally. She was treated with epidural injections, physical therapy and pain medications. She was diagnosed with sprain lumbar region, sprain neck, myalgia and myositis. The provider requested authorization to use Dendracin, Flexeril 7.5 mg and Cymbalta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin Ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 126.

Decision rationale: Dendracin is formed by methyl salicylate, menthol and benzocaine. According to the MTUS Chronic Pain Guidelines, salicylate topicals are recommended and are better than placebo. Guidelines indicate that there are no strong controlled studies supporting the

efficacy of Dendracin or topical analgesics for the treatment of neuropathic pain. It is not clear from the medical records provided for review that there is documentation of neuropathic pain. Furthermore, there is no evidence of failure of oral medications or non acceptable adverse reactions from the use of oral medications to treat the patient's pain. Consequently, the request for Dendracin Ointment is not medically necessary and appropriate.

Flexeril 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to the MTUS Chronic Pain guidelines, Flexeril is recommended for pain for a short course. Flexeril's effect is greatest in the first 4 days. In this case Flexeril was prescribed for more than a short term use. Although the patient suffered a muscle spasm, long term use of Flexeril is not recommended as per MTUS Chronic Pain Guidelines. The request for Flexeril 7.5mg #90 is not medically necessary and appropriate.

Cymbalta 60mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 15.

Decision rationale: According to MTUS Chronic Pain Guidelines, there is no high quality evidence to support the use of Cymbalta for lumbar radiculopathy. Consequently, the request for Cymbalta 60mg #30 is not medically necessary and appropriate.

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: According to the MTUS Chronic Pain Guidelines, urine drug screens are recommended as an option to assess the use of illegal drugs. The medical records provided for review indicate no clear evidence of use of opioids therapy that would require urine testing and/or information that the patient is at risk of addiction disorders or substance abuse. Therefore, the request for a urine drug screen is not medically necessary and appropriate.