

<b>Case Number:</b>	CM13-0034830		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	10/22/2001
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 42 year old with a date of injury on 10/22/2001. Patient has had ongoing treatment for traumatic brain injury, with paraplegia and limited use of right upper extremity. Patient has had cervical laminectomy surgery with fusion. Subjective complaints are of chronic pain and post traumatic dystonia, and radicular symptoms to the upper extremities. Physical exam shows a right clawed hand, with tenderness and swelling. No hypersensitivity noted in right arm. Lumbar spine has tenderness and positive straight leg raise, with decreased sensation left leg in L5 distribution. The patient has had extensive physiotherapy and spinal cord stimulator and intrathecal infusion pump. The patient's medications include Norco, Topamax, Fexmid, Dendracin topical analgesic, Dilantin, Mirapex, Effexor, and Haldol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXMID 7.5MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CYCLOBENZAPRINE Page(s): 41-42.

**Decision rationale:** The Expert Reviewer's decision rationale: CA MTUS guidelines indicate that the use of cyclobenzaprine should be used as a short term therapy, and the effects of treatment are modest and may cause adverse affects. This patient had been using muscle relaxers since onset of injury which is longer than the recommended course of therapy of 2-3 weeks. There is no evidence in the documentation that suggests the patient experienced improvement with the ongoing use of cyclobenzaprine. Due to clear guidelines suggesting cyclobenzaprine as short term therapy and no clear benefit from adding this medication the requested prescription for cyclobenzaprine is not medically necessary.

**DENDRACIN TOPICAL ANALGESIC:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS, LIDODERM Page(s): 111-113, 56.

**Decision rationale:** The Expert Reviewer's decision rationale: CA Chronic Pain Guidelines are clear that if the medication contains one drug that is not recommended the entire product should not be recommended. Dendracin contains methyl salicylate, menthol, and benzocaine. Topical Salicylates have been demonstrated as superior to placebo for chronic pain. The menthol component of this medication has no specific guidelines or recommendations for its indication or effectiveness. Lidocaine is only recommended as a dermal patch. No other commercially approved topical formulations of lidocaine are indicated. Therefore, this medication does not meet current use guidelines and is not medically necessary.