

Case Number:	CM13-0035695		
Date Assigned:	12/13/2013	Date of Injury:	10/01/1968
Decision Date:	02/13/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/17/2013

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, has a subspecialty in Neuromuscular 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 patient is a 70 year old man who developed a work related injury on October 1, 1968. According to the progress note dated November 2013, the patient was reported to have chronic back pain, with radicular symptoms radiating to the left leg. He underwent a lumbosacral fusion in 1984. The patient was tried on pain medications (Ultram, Norco, Prilosec, Dendracin, and Fexmid) without full improvement. Physical examination demonstrated lumbar tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 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.

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of spasm and

the prolonged use of Fexmid 7.5mg is not justified. Therefore, the requested Fexmid is not medically necessary.

Dendracin 4oz: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Dendracin is formed by methyl salicylate, mentol and benzocaine. According to MTUS guidelines, salicylate topicals are recommended and are better than placebo. Benzocaine (similar to lidocaine) could be recommended in neuropathic pain. There is no strong controlled studies supporting the efficacy of dendracin or topical analgesics for the treatment of neuropathic pain. It is not clear from the records 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 the corresponding oral medications to treat the patient's pain. Therefore, Dendracin is not medically necessary or appropriate.