

<b>Case Number:</b>	CM13-0041906		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/17/2010
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Emergency Medicine, and is licensed to practice in New York. 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 patient is a year-old male who was injured on September 17, 2010. The patient continued to experience low back pain radiating into his lower extremities, Physical examination was notable for cervical paravertebral muscle spasm. There are no motor or sensory deficits. Diagnoses included bilateral carpal tunnel syndrome, status post cervical fusion, status post lumbar spinal fusion, and plantar fasciitis. Treatment included aqua therapy, epidural steroid injections, and medications. The medications are not listed in the medical records. Requests for authorization for Flexeril 7.5 mg # 120 and Medrox pain relief ointment 120gm x 2 were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL(CYCLOBENZAPRINE) 7.5% #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND GUIDELINES Page(s): 63.

**Decision rationale:** Flexeril is the muscle relaxant cyclobenzaprine. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less

than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. In this case there is no documentation of duration of treatment with Flexeril or how effective it is. The number of pills is enough for 30 days, which surpasses the recommended duration of 2 weeks for Flexeril use. The request should not be authorized

**MEDROX PAIN RELIEF OINTMENT 120GM X 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PAIN INTERVENTIONS AND GUIDELINES Page(s): 111-112.

**Decision rationale:** Medrox ointment is a topical analgesic containing methylsalicylate, menthol, and capsaicin. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. There is not documentation that this patient has been treated with either of those class of medications. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methylsalicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. There are no guidelines present for menthol. The lack of information does not allow determination for medical necessity and safety. It cannot be recommended. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. It is not recommended in this case. This compounded drug is not recommended. It contains two drugs that are not recommended. Therefore it is not recommended.