

<b>Case Number:</b>	CM13-0060868		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	03/03/2011
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	11/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 52-year-old male who has submitted a claim for brachial neuritis or radiculitis, arthropathy of lower leg, cervicgia, thoracic or lumbosacral neuritis or radiculitis, associated with an industrial injury date of March 3, 2011. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 05/12/2014, showed neck and lower back pain. The pain was rated as 10/10. The pain was characterized as sharp and radiating to the bilateral shoulder, bilateral arm, bilateral forearm, bilateral thigh, bilateral leg, and bilateral foot. Physical examination revealed a right sided heel strike antalgic gait which was assisted by cane. The cervical spine range of motion was restricted. Lumbar paravertebral muscles showed spasm and tenderness with a tight muscle band noted on the right side. Straight leg raising test was positive on both sides at 60 degrees in sitting position. There was right ankle tenderness over the Achilles tendon with painful range of motion. There was tenderness noted over the left Achilles tendon, fibula-calcaneal ligament, and talo-fibular ligament with painful range of motion. Light touch sensation was decreased over the lateral calf on the right side and lateral calf and medial forearm, and lateral forearm on the left side. Treatment to date has included physical therapy, chiropractic therapy, acupuncture, massage, and medications such as Menthoderm gel prescribed October 2013 and Norco and Cyclobenzaprine since at least August 2013. Utilization review from 12/11/2013 denied the retrospective request for the purchase of Cyclobenzaprine 7.5mg because it was indicated that the patient had been on this medication for months and there had been no documentation suggesting decreased pain levels or increased functionality with regard to its use. The retrospective request for the purchase of Norco 10/325mg was denied because there had been no change in subjective, objective or functional status. The retrospective request for the purchase of Menthoderm gel was denied because guidelines indicated that any compounded product that contained at least one drug (or drug class) that was not recommended was not

recommended. There were no guidelines that supported the topical use of menthol. No additional information was included in the provider's appeal letter regarding the gel.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective cyclobenzaprine 7.5mg date of service 10/23/13: 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:** According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is a sedating muscle relaxant recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). It is recommended as an option using a short course therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. In this case, patient was on Cyclobenzaprine as early as August 2013. Although the recent medical report showed physical findings of muscle spasm, long-term use of muscle relaxant is not recommended. Furthermore, it was cited that medications were less effective and there was no documented functional benefits derived from its use. Therefore, the retrospective request of Cyclobenzaprine 7.5 mg with a date of service of 10/23/2013 is not medically necessary.

#### **Retrospective menthoderm gel date of service 10/23/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate; Topical Analgesics Page(s): 111-113; 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates.

**Decision rationale:** According to page 111 of CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Menthoderm gel contains methyl salicylate and menthol. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, or methyl salicylate, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In this case, Menthoderm gel was prescribed as adjuvant therapy to oral medications. However, the requested Menthoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. There is no compelling indication for this

request. Therefore, the retrospective request of Menthoderm gel with a date of service of 10/23/2013 is not medically necessary.

**Retrospective norco 10/325mg date of service 10/23/13:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been taking Norco since at least August 2013. However, the progress report cited that medications were less effective. There was no documented evidence of analgesia and improvement of functional activities. The guideline criteria were not met. Therefore, the retrospective request of Norco 10/325mg with a date of service of 10/23/2013 is not medically necessary.