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| <b>Case Number:</b>   | CM13-0061268 |                              |            |
| <b>Date Assigned:</b> | 12/30/2013   | <b>Date of Injury:</b>       | 05/10/2003 |
| <b>Decision Date:</b> | 06/04/2014   | <b>UR Denial Date:</b>       | 11/19/2013 |
| <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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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 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 sustained an injury on 05/10/03. The patient was followed for complaints of low back pain radiating to the lower extremities. Symptoms were primarily to the left side. Prior treatment included epidural steroid injections in November of 2012. Medication history included naproxen, neurontin, norco, prilosec, and zanaflex. Repeat epidural steroid injections were performed in May of 2013. The patient was seen on 10/23/13 for continuing complaints of low back pain radiating to the left lower extremity. On physical examination there was continued weakness in L5-S1 distribution to the right. The patient was unable to perform heel walking bilaterally. At this visit the patient continued to utilize norco, fexmed, and Methoderm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 7.5MG #60 DOS: 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 Muscle Relaxants Page(s): 63-64.

**Decision rationale:** In regards to the use of cyclobenzaprine 7.5mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on review of the clinical documentation provided and current evidence based guideline recommendations. Chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there has been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not recommend ongoing use of this medication at this time.

**MENTHODERM OINTMENT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Menthoderm is a topical formulation of methyl salicylate and menthol. The Chronic Pain Medical Treatment Guidelines on page 111 states "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Thus, each active ingredient should be analyzed in making a determination of medical necessity. The Chronic Pain Medical Treatment Guidelines on page 112 state the following: "Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. (Lin, 2004) (Bjordal, 2007) (Mason, 2004) When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. In this study the effect appeared to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. (Biswal, 2006) These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." In this injured worker, there is no documentation of pain in a body region amenable to topical treatment. This worker primarily has low back pain and degenerative disc disease; guidelines support topical NSAIDs for joints that are amenable to topical intervention such as the knee or wrists. This request is not medically necessary.