

<b>Case Number:</b>	CM13-0062188		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/05/2010
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Family Medicine, and is licensed to practice in Utah. 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 55 year old male. The patient's date of injury is 08/05/2010. The patient has been diagnosed with left ankle sprain and strain and low back sprain and strain. The patient's treatments include medications, and a home exercise program. Medications included, but are not limited to, Norco, Mentherm, Flexeril, and Ketoprofen. The physical exam findings show tenderness to palpation over the lumbar spine. Physical exam findings are very limited in the clinical documents. The request is for Norco, Flexeril, and Mentherm

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 5/325, QTY: 50.00, no refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-79.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the clinical records, it is unclear how much Vicodin/Norco the employee was taking previously to the new prescription of 50 Norco pills. The MTUS Guidelines indicate that ongoing management of opioids includes

documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There is also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. According to the clinical documents, it is unclear that the medications are from a single practitioner or a single pharmacy. Some documentation of analgesia is noted. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. In addition, according to the documentation provided, there has been no significant change in character of the pain; the pain appears to be chronic, lacking indications for fast acting pain control medications. According to the clinical documentation provided and current MTUS guidelines; Norco is not indicated as a medical necessity to the employee at this time.

**Cyclobenzaprine 7.5 mg, QTY: 30.00, date of service 11/6/13: Upheld**

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

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

**Decision rationale:** The MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Cyclobenzaprine. The MTUS guidelines indicate the following: Cyclobenzaprine is indicated as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. The MTUS Guidelines indicate that treatment should be brief. According to the clinical documents, the Cyclobenzaprine requested is not being used for short term therapy. The clinical documents lack clear evidence of muscle spasm that would require a muscle relaxant at this time. Following guidelines as listed above, there is no indication for the use of Cyclobenzaprine. At this time, the request is not deemed as a medical necessity.

**Menthoderm 120 ml, date of service 11/6/13: Upheld**

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

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

**Decision rationale:** The MTUS guidelines were reviewed in regards to this specific case. Other guidelines were also searched including the Official Disability Guide and the Chronic Pain Medical Treatment Guidelines. The clinical documents were reviewed. The request is for Mentoderm. The MTUS guidelines discuss compounding medications. The guidelines indicate that a compounded medicine that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. It is primarily recommended for neuropathic pain when trials of

antidepressants and anticonvulsants have failed. The MTUS Guidelines do not specifically address Methoderm as a topical analgesic. Therefore, according to the guidelines cited, it can not be recommended at this time. According to the clinical documentation provided and current MTUS guidelines, Methoderm is not indicated a medical necessity to the employee at this time.