

<b>Case Number:</b>	CM13-0065301		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 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 an employee of [REDACTED] and has submitted a claim for lumbar sprain, lumbosacral disc degeneration, and limb pain associated with an industrial injury date of 11/05/2011. Treatment to date has included physical therapy, and medications including tramadol, naproxen, metformin, and topical medications. The medical records from 2011 to 2012 were reviewed showing that patient complained of constant, severe, aching, burning, sharp pain with stiffness in his low back radiating down his legs, feet, and toes, right worse than left. There was likewise locking and popping sensation in his lower back, as well as giving out of his legs along with a loss of balance and pain was aggravated by sitting, standing, and walking. He was unable to relate to anything that afforded him relief and he reported some difficulty in dressing, combing, washing, toileting, working outdoors on flat ground, climbing stairs, running, and driving a vehicle. Physical examination showed tenderness and muscle guarding at lumbar paraspinal muscles. Lumbar range of motion was limited to 20 degrees flexion, 5 degrees extension, and 10 degrees lateral bending on both sides. Motor strength was 5/5 at all extremities. Gait was normal. Deep tendon reflexes were equal and symmetric and sensation was decreased at L5 and S1 dermatomes, bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 7.5MG # 135 (COME IN 5MG TABS): Upheld**

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

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

**Decision rationale:** According to page 63 of the Chronic Pain Medical Treatment 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 low back pain. In this case, the initial date of intake of this medication is not documented in the medical records submitted. The most recent progress report available cited no acute exacerbations as the back pain appeared chronic in duration. Physical examination likewise did not provide evidence for presence of muscle spasm. The guideline criteria have not been met. Therefore, the request for Flexeril 7.5 mg, #135 is not medically necessary.

**PROTONIX 20 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** As stated in page 68 of Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the initial date of intake for this medication is not documented in the medical records submitted. Although the patient is concurrently taking naproxen, an NSAID, the medical records did not mention that patient had history of stomach ulcer or any subjective report that he is experiencing heartburn, epigastric burning sensation or any other gastrointestinal symptoms that will corroborate the necessity for a Protonix. Therefore, the request for Protonix 20mg, #60 is not medically necessary.

**MENTHODERM GEL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111.

**Decision rationale:** Page 111 of MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Methoderm gel contains methyl salicylate and menthol. It has not been established that there is any necessity for this specific brand name. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the Official

Disability Guidelines (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. Any compounded product that contains at least one drug (drug class) that is not recommended is not recommended. In this case, the documentation submitted for review was insufficient to indicate that the patient has failed a trial of oral pain medications prior to proceeding with the use of topical analgesic. There was also no discussion concerning the prescription of unsupported medications based on guidelines. Furthermore, the present request does not specify the amount of medication to dispense. Therefore, the request for Menthoderma gel is not medically necessary.