MAXIMUS Federal Services

Case Number:	CM13-0067111		
Date Assigned:	01/03/2014	Date of Injury:	05/13/2010
Decision Date:	04/21/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/17/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 50-year-old male who reported an injury on 03/09/2012. The mechanism of injury was not stated. The patient is currently diagnosed with history of right 5th metatarsal fracture, right ankle and foot sprain, plantar fasciitis, and status post right knee arthroscopic surgery. The patient was seen by [redacted] on 10/16/2013. The patient reported persistent pain in the right knee with activity limitation. The patient also reported right foot pain. Physical examination revealed a well-healed right knee arthroscopic incision, tenderness at the right knee joint line with minimal swelling, positive patellar compression testing, crepitus, tenderness to palpation at the right anterolateral aspect of the foot, and painful range of motion of the right foot. The treatment recommendations included continuation of postoperative physical therapy, a prescription for a TENS unit, and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG #120: 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): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line option for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no evidence of palpable muscle spasm or spasticity upon physical examination. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

MENTHODERM GEL: 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: According to a primary treating physician's request for authorization submitted by [redacted] on 12/10/2013, the patient was issued a prescription for Menthoderm gel containing Methyl Salicylate, Menthol, Capsaicin, and Lidocaine. The patient was also dispensed a prescription for Terocin. California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. As per the documentation submitted, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Therefore, the patient does not currently meet criteria for the requested medication. As such, the request is non-certified.

TEROCIN PATCH: 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: According to a primary treating physician's request for authorization submitted by [redacted] on 12/10/2013, the patient was issued a prescription for Menthoderm gel. The patient was also dispensed a prescription for Terocin. California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. As per the documentation submitted, there is no evidence of a failure to respond to first line oral medication prior to the initiation of a topical analgesic. Therefore, the patient does not currently meet criteria for the requested medication. As such, the request is non-certified.