

Case Number:	CM14-0000667		
Date Assigned:	01/17/2014	Date of Injury:	06/02/2010
Decision Date:	12/18/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/02/2014

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 Emergency Medicine and is licensed to practice in New York. 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 41-year-old female who was injured on June 2, 2010. The patient continued to experience back pain. Physical examination was notable for tenderness and spasm to palpation over the bilateral paravertebral musculature, positive straight leg raise, intact motor strength and decreased sensation along the left L4/5 dermatomes. Diagnoses included lumbosacral neuritis, sprain lumbar region, and thoracic/lumbar disc displacement. Treatment included medications and activity restrictions. Requests for authorization for Fexmid 7.5 mg # 60 and Dendracin topical lotion 120 ml were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Fexmid is the muscle relaxant, Cyclobenzaprine. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a

second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic Low Back Pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the quantity of requested medication surpasses the amount needed for recommended maximum duration of treatment. The request is not medically necessary and appropriate.

Dendracin top lotion 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 111-112. Decision based on Non-MTUS Citation Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain; UpToDate: Camphor and menthol: Drug information; Benzocaine: Drug information

Decision rationale: Dendracin is a compounded Topical Analgesic containing Methyl Salicylate, Benzocaine, and Menthol. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methyl salicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Topical analgesics containing Menthol, Methylsalicylate or Capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Menthol is a topical skin product that is available over the counter and used for the relief of dry itchy skin. Benzocaine is used as a topical anesthetic. There are no guidelines present for Menthol or Benzocaine. The lack of evidence does not allow determination of efficacy or safety. This compounded medication contains drugs that are not recommended. The request is not medically necessary and appropriate.