

<b>Case Number:</b>	CM14-0002293		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 37 year old male who reported a low back injury from a fall on 08/28/2012. The clinical note dated 10/14/2013 reported mild lumbar pain rated 4/10 which radiated down his left leg. The physical exam reported limited range of motion in the lumbar spine and intact deep tendon reflexes. The clinical note dated 08/26/2013 reported that the patient was utilizing Flexeril for muscle spasms and was not effective. The claimant was upgraded 10/14/2013 to return to full duty. The request for authorization was not provided within the submitted documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL (CYCLOBENZAPRINE 10MG) #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**Decision rationale:** The California MTUS recommends Flexeril for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to

tricyclic antidepressants. In this case, the claimant has been taking Flexeril for an extended amount of time and the request is prescribing the medication beyond the recommended guidelines. In addition, within the physical exam the patient reported Flexeril was not effective controlling the muscle spasms on 08/26/2013 and requested other treatment. The request for Flexeril (Cyclobenzaprine) 10 mg, # 60 is not medically necessary and appropriate.

**BIO-THERM (MENTHYL SALICYLATE 20% MENTHOL 10% CAPSAICIN 0.002%) 4 OZ:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): (s) 28-29.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): (s) 111-112.

**Decision rationale:** The California MTUS guidelines state there have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy. In this case, there was a lack of documentation that the patient failed conventional therapy. Therefore, the request for Bio-Therm (Menthyl Salicylate 20% Menthol 10% Capsaicin 0.002%) 4 oz is not medically necessary and appropriate.