

Case Number:	CM14-0003007		
Date Assigned:	01/29/2014	Date of Injury:	11/30/2012
Decision Date:	06/19/2014	UR Denial Date:	12/14/2013
Priority:	Standard	Application Received:	01/08/2014

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 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 a 51-year-old female who has submitted a claim for lumbosacral spine sprain and internal derangement of the left knee associated with an industrial injury date of November 30, 2012. Medical records from 2012-2014 were reviewed, the latest of which (January 27, 2014) revealed that the pain has been about the same, rated 8/10. She has not had any physical therapy. Medications help, but have been denied. On physical examination, there were normal reflex, sensory, and power testing to the bilateral upper and lower extremities. Straight leg raising test and bowstring test are negative bilaterally. Gait was slightly antalgic. The patient can do heel-walk and toe-walk bilaterally. There was noted lumbar and left knee tenderness. Lumbosacral spine range of motion was decreased to about 20%. A previous consult on January 22, 2014 revealed that the patient complains of constant sharp-stabbing left knee pain rated at 8/10 at rest and 9/10 with activity. Pain increases with walking, standing, running, kneeling, squatting, bending, going up the stairs, and when standing from a seated position. Pain decreases with medication and rest. She also complains of numbness, tingling, weakness, swelling, and insomnia. On physical examination, the left knee shows a 2+ effusion without erythema. There is tenderness along the patellofemoral joint, prepatellar bursa, along the medial joint line and along the lateral joint line. There was crepitus with range of motion. McMurray's sign was positive for pain medially. Treatment to date has included subacromial decompression and distal clavicular extension of the right shoulder (4/29/13), cortisone injection (11/14/13), physical therapy, chiropractic therapy, and medications, which include Anaprox, Hydrocodone/acetaminophen, ketorolac, ibuprofen, Norco, and Toradol IM.

IMR ISSUES, DECISIONS AND RATIONALES

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

MENTHODERM 120 ML (DATE OF SERVICE: 11/11/2013): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESIC SECTION Page(s): 111-113. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER; SALICYLATE TOPICALS

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical creams are still largely experimental in use with few randomized controlled trials to determine efficacy or safety. Most of these agents are compounded. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding the methyl salicylate/menthol component, the CA MTUS does not cite specific provisions, but the Official Disability Guidelines state that the FDA has issued an alert in 2012, indicating that topical over-the-counter pain relievers that contain menthol and/or methyl salicylate, may in rare instances cause serious burns. In this case, the patient has been on oral pain medications since the industrial injury date of 2012. There is no discussion in the medical records concerning the patient's intolerance to the oral formulation. Methoderm was prescribed November 11, 2013; however, the rationale was not included in the medical records submitted. The guidelines state that there is little evidence to support the use of topical creams. As such, the request is not medically necessary.

60 FEXMID 7.5 MG (DATE OF SERVICE: 11/11/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS (FOR PAIN), 63-66

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CYCLOBENZAPRINE; MUSCLE RELAXANTS Page(s): 41-42; 63-.

Decision rationale: As stated on pages 63-66 of the California MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for the short-term treatment of acute symptom exacerbations in patients with chronic low back pain; however, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, as stated on pages 41-42 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended for a short course of therapy, with its effect greatest in the first four days of treatment. In this case, Fexmid was prescribed on November 11, 2013. The rationale was not included in the medical records submitted. Also, the

records do not indicate that the use of NSAIDs is contraindicated for the patient. As such, the request is not medically necessary.

60 ULTRAM 150 MG (DATE OF SERVICE: 11/11/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS FOR CHRONIC PAIN, 80-81

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRAMADOL Page(s): 113.

Decision rationale: As stated on page 113 of the California MTUS Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram®) is not recommended as a first-line oral analgesic. In this case, Ultram was prescribed on November 11, 2013; however, the rationale was not included in the medical records submitted. Also, the patient has a history of use of oral analgesics, with noted pain relief. As such, the request is not medically necessary.