

Case Number:	CM14-0005249		
Date Assigned:	04/25/2014	Date of Injury:	04/01/2011
Decision Date:	05/29/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/14/2014

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 an [REDACTED] employee who has filed a claim for contusion of back associated with an industrial injury sustained on April 01, 2011. Thus far, the patient has been treated with opioids, topiramate, muscle relaxants, Terocin, a home exercise program, and bracing. The patient had bilateral L4-5 interlaminar decompression surgery on December 05, 2012. Review of progress notes indicates low back, knee, and hip pain with tenderness and decreased range of motion of the low back. It was noted that without the medications of Tramadol, Topamax, and Flexeril, the patient is not functional.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPIRAMATE 50MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Topiramate may be used for neuropathic pain when other anticonvulsants fail. It is noted that the patient has been on this medication for years, but the earliest progress note submitted was from May 2013. There

is no documentation of neuropathic pain in this patient. Also, the requested amount of this medication was not specified. Therefore, the request for Topiramate is not medically necessary.

TRAMADOL 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94.

Decision rationale: As noted on pages 79-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. It is noted that the patient has been on this medication for years, but the earliest progress note submitted was from May 2013. In this case, there is no documentation of periodic urine drug screens or of objective functional benefits derived from this medication. In addition, the request of quantity was not specified. Therefore, the request for Tramadol is not medically necessary.

CYCLOBENZAPRINE 7.5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,64.

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

Decision rationale: As stated in 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. They show no benefit beyond NSAIDs in pain and overall improvement. It is noted that patient has been on this medication for years, but earliest progress note submitted was from May 2013. In this case, there is no documentation of acute exacerbations of the patient's pain. Also, this medication is not recommended for long-term use, and the quantity for the request was not specified. Therefore, the request for Cyclobenzaprine is not medically necessary.

MENTHODERM 120MG 4OZ: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 111-113.

Decision rationale: Methoderm is composed of methyl salicylate and menthol. The California MTUS states that topical salicylates are significantly better than placebo in chronic pain.

However, while the guidelines referenced support for the topical use of methyl salicylates, the requested Methoderm has the same formulation of over-the-counter products such as Bengay. It has not been established that there is any necessity for this specific brand name. In this case, the patient is having chronic low back and knee pain. Topical application of methyl salicylates is a reasonable option in this patient to manage the symptoms and improve functionality, but there is no clear indication for necessity of this specific brand name. Therefore, the request for Methoderm is not medically necessary.