

<b>Case Number:</b>	CM14-0101724		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/13/2009
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 and Rehabilitation 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 underlying date of injury in this case is 05/13/2009. The date of the utilization review under appeal is 06/23/2014. On 06/12/2014, the primary treating physician followup note discusses the diagnoses of cervical herniated nucleus pulposus, status post right shoulder surgery, left shoulder rotator cuff tear, right elbow lateral epicondylitis, and bilateral carpal tunnel syndrome. The treating physician notes that the patient's condition had been previously determined to be permanent and stationary. The patient reported ongoing pain in her neck, bilateral shoulders, right elbow, and bilateral wrists. Her pain was reduced from 8/10 down to 5/10 with medications. The treating physician prescribed tramadol for pain as well as naproxen for inflammation cyclobenzaprine for muscle spasm, mirtazapine for insomnia, and Methoderm for neuropathic pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Methoderm 120ml, apply to affected areas BID PRN for Neuropathic Pain DOS: 6/13/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 105 and 111..

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, recommend the treating physician discuss the component ingredients of a compounded agent and the proposed mechanism of action of each ingredient. Such detail is not documented in this case. At this time the medical records and guidelines do not support this request. The request is not medically necessary.

**Retrospective request for Cyclobenzaprine 7.5mg #90, 1 tablet PO PRN up to max TID, with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Page(s): 63-64.

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

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on muscle relaxants, recommend the use of cyclobenzaprine only for short-term use. The medical records and guidelines do not support a rationale for this medication in the current chronic timeframe. This request is not medically necessary.