MAXIMUS Federal Services

| Case Number: | CM14-0016051 | | |
|---|---|---|---|
| Date Assigned: | 06/04/2014 | Date of Injury: | 12/14/2011 |
| Decision Date: | 07/21/2014 | UR Denial Date: | 01/21/2014 |
| Priority: | Standard | Application Received: | 02/07/2014 |

## 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 Orthopedic Surgery 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 injured worker is a 53-year-old female who was reportedly injured on December 14, 2011. The mechanism of injury was noted as a work-related motor vehicle collision. The most recent progress note, dated December 26, 2013, indicated that there was compliance in the medication protocol as demonstrated by the urine drug screen testing. A previous progress note indicated ongoing complaints of low back pain. The physical examination demonstrated a normal motor, sensory, deep tendon reflexes, neurological assessment and negative straight leg raising. There was tenderness to palpation in the lumbar region of the spine. Diagnostic imaging studies were referenced but not presented for review. Previous treatment included multiple medications and other conservative interventions. A request had been made for Norflex, Fexmid, topical ointment, Terocin lotion and Ultram and was not certified in the pre-authorization process on January 21, 2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR NORFLEX (ORPHENADRINE CITRATE) 100MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65 of 127.

**Decision rationale:** When considering the date of injury, noting the mechanism of injury, the minimal findings noted on physical examination and by the parameters outlined in the California Medicat Treatment Utilization guidelines, this is a muscle relaxant type medication that has limited applicability. Furthermore, this is to be used in the acute phase only and has no indication for chronic long-term use. Therefore, based on the clinical information presented for review, this is not medically necessary.

**RETROSPECTIVE REQUEST FOR FEXMID 7.5MG #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 : 8 C.C.R. 9792.20 - 9792.26, (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64 of 127.

**Decision rationale:** This is a muscle relaxant type medication that is recommended for a short course of therapy alone. There is no evidence of an acute exacerbation or findings on physical examination to suggest the chronic or indefinite use of this medication. Therefore, based on the clinical information presented in the progress notes reviewed this is not medically necessary.

**RETROSPECTIVE REQUEST FOR MENTHODERM OINTMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Salicylate Topicals Page(s): 105 of 127.

**Decision rationale:** Menthoderm ointment is a topical analgesic preparation whose active ingredient is methyl salicylate and menthol. The use of such topical analgesics are "largely experimental" and are only indicated after anticonvulsants have failed. There is no notation in the progress note presented for review as to the previous medications and their relative efficacy or utility. Furthermore, it appears that the clinical situation has reached a static state, and there is no data presented to suggest that this preparation is ameliorating the symptomatology. Therefore, based on the clinical information presented for review this ointment is not medically necessary.

**RETROSPECTIVE REQUEST FOR TEROCIN LOTION X 2:** 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 : Salicylate Topicals Page(s): 105 of 127.

**Decision rationale:** This is a topical compound that includes Methyl Salicylate, Menthol, Capsaicin and Lidocaine. In that this has been addressed by another topical preparation, and noting that there is no improvement or objectified efficacy, there is no clinical indication presented for the continued use of this medication. This is not medically necessary.

**RETROSPECTIVE REQUEST FOR ULTRAM (TRAMADOL HCL ER 150MG) #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Opioids and Tramadol Page(s): 82, 113 of 127.

**Decision rationale:** Ultram is a centrally acting synthetic opioid analgesic. This is not recommended as a first line oral analgesic. Furthermore, based on the progress note of the last several months, it is not clear if there is any improvement in the overall clinical situation, as the pain complaints continued. Therefore, based on this insufficient clinical information, it is clear this is not medically necessary.