

Case Number:	CM14-0152278		
Date Assigned:	09/22/2014	Date of Injury:	05/29/2013
Decision Date:	11/17/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/18/2014

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 Louisiana. 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 53 year old female who was injured on 05/29/2014. The mechanism of injury is unknown. Prior medication history included Cyclobenzaprine 7.5 mg, Gabapentin 600 mg, Hydrocodone 2.5/325 mg, Naproxen 150 mg, Omeprazole 20 mg, and Tramadol 150 mg. The patient has received 24 sessions of physical therapy and 2 acupuncture sessions. On toxicology report dated 06/23/2014, there was no detection of any medication. On 04/29/2014, there was no detection of any medication. Progress report dated 07/16/2014 documented the patient to have complaints of right knee pain which she rated as a 4/10. She has increased pain with flexing. On exam, she has tenderness to palpation at the lateral joint line. She is diagnosed with right knee medial meniscus tear. She was recommended to continue with her medications which are listed below. Prior utilization review dated 09/02/2014 states the request for Lenza patch (lidocaine 4 percent/menthol 1 percent) #30; Cyclobenzaprine 5mg #90; Naproxen 50mg #60; Methoderm (methyl salicylate 15 percent/menthol 10 percent) Gel 360gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lenza patch (lidocaine 4 percent/menthol 1 percent) #30: Upheld

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

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

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics are primary recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is recommended for short term use, and there are no long-term studies of their effectiveness or safety. In this case, there is no documentation of failure to first line therapy to support the necessity for Lenza patches therefore, this request is not medically necessary.

Cyclobenzaprine 5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is a sedating muscle relaxant recommended for flare-ups of chronic pain and muscle spasms for short-term use. In this case, there is no documentation of spasms to support the necessity of this medication; therefore, this request is not medically necessary.

Naproxen 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROID ANTI-INFLAMMATORY DRUGS) Page(s): 67-73.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, NSAIDs should be prescribed at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, there is no documentation of significant improvement in pain and Naproxen is not recommended for long-term use. Therefore, this request is not medically necessary.

Menthoderm (methyl salicylate 15 percent/menthol 10 percent) Gel 360gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE TOPICALS & TOPICAL ANALGESICS Page(s): 105 & 111-113.

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics are primary recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed. It is recommended for short term use, and there are no long-term studies of their effectiveness or safety. In this case, there is no documentation of failure to first line therapy to support the necessity for Mentoderm therefore, this request is not medically necessary.