

Case Number:	CM14-0154546		
Date Assigned:	09/24/2014	Date of Injury:	06/21/2011
Decision Date:	12/04/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/22/2014

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 Internal Medicine, 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 (IW) is a 45-year-old woman with a date of injury of June 21, 2011. The mechanism of injury was not documented in the medical record. Pursuant to the progress note dated August 21, 2014, the IW complains of neck, wrist, hand, bilateral shoulder and right knee pain. Objective findings revealed cervical spine tender to palpation with spasms. She ambulates with a cane on the left side. The IW has been diagnosed with right knee sprain/strain, cervical sprain/strain, bilateral wrist sprain/strain, and chronic pain syndrome. The IW is taking Norco 10/325mg, Naproxen 550mg, Topiramate 50mg, Menthoderm cream, Sertraline 50mg, and Flexeril 7.5mg. Documentation indicates that the IW has been taking these medications since at least March of 2014. The IW was instructed to continue medications, home exercise program, ice/heat therapy, and TENS unit for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Naproxen 550 mg #60 is not medically necessary. The guidelines state non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the injured worker sustained the work injury greater than three years prior to the Naprosyn request. This is not a short-term use. The injured worker complains of neck, wrist/hand, bilateral shoulder and right knee pain. The diagnoses are right knee sprain/strain, cervical sprain/strain, bilateral wrist sprain and chronic pain syndrome. Additionally, there is no documentation illustrating objective functional improvement with use naproxen. Consequently, naproxen 550 mg #60 is not medically necessary.

Topiramate 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants Page(s): 16-18. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Anticonvulsants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Topiramate 50 mg #60 is not medically necessary. Topiramate is an anticonvulsant and is recommended for neuropathic pain (pain due to nerve damage). Continued long-term use requires documentation of overall objective functional improvement in the medical record. In this case, the injured worker's diagnoses are right knee sprain/strain, cervical sprain/strain, bilateral wrist sprain and chronic pain syndrome. There is no documentation in the medical record indicating the injured worker has a neuropathic pain issue. Additionally, there is no documentation to support objective functional improvement with this medication. Consequently, Topiramate 50 mg #60 is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Flexeril Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg #60 is not medically necessary. Cyclobenzaprine is a muscle relaxant. The guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term (less than two weeks) treatment of low back pain and for short-term treatment of acute exacerbation in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain and

overall improvement. Flexeril (cyclobenzaprine) is recommended for short course of therapy. The longer courses of cyclobenzaprine use, however, documentation needs to reflect compelling clinical facts along with objective functional improvement. In this case, there is no documentation showing the injured worker had objective functional improvement or relief of symptoms with the use of this medication. Additionally, this drug is recommended for short-term use. The injured worker has been on this medicine long term. Consequently, cyclobenzaprine 7.5 mg #60 is not medically necessary.

Menthoderm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Treatment Guidelines and the Official Disability Guidelines, Mentoderm is not medically necessary. Mentoderm cream contains methyl salicylate and menthol. According to the Official Disability Guidelines, menthol is not recommended. Topical analgesics are largely experimental in use if you controlled trials to determine efficacy and safety. There are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded products that contains at least one drug (or drug class) that is not recommended, is not recommended. In this case, Mentoderm was requested by the treating physician. The topical compound contains menthol. And the compounded product that contains at least one drug (menthol) is not recommended, is not recommended. Additionally there is no failure of oral medications that would in turn warrant a change to topical analgesics. Consequently, topical Mentoderm is not medically necessary.