MAXIMUS Federal Services

Case Number:	CM14-0172021		
Date Assigned:	10/23/2014	Date of Injury:	10/22/2013
Decision Date:	12/02/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/17/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic wrist and hand pain reportedly associated with an industrial injury of October 22, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; topical compounds; and work restrictions. In a Utilization Review Report dated October 6, 2014, the claims administrator approved a request for Cyclobenzaprine while denying a request for Menthoderm gel. The applicant's attorney subsequently appealed. In a July 29, 2014 progress note, the applicant reported 5-1/2 over 10 wrist pain. Some paresthesias were noted about several digits. The applicant was reportedly using Cyclobenzaprine and LidoPro cream, it was acknowledged. A 20-pound lifting limitation was endorsed. In a July 22, 2014 progress note, the applicant was again described as using Cyclobenzaprine and LidoPro. A 20-pound lifting limitation was endorsed. It was stated that the applicant was receiving medications through a separate workers' compensation claim. On August 11, 2014, the applicant reported 5/10 wrist pain. The applicant was using a wrist splint. The applicant was apparently working with limitations in place, it was acknowledged. On September 26, 2014, the applicant was given Cyclobenzaprine and Menthoderm gel. It was stated that the applicant should also continue using Cyclobenzaprine, LidoPro cream, and usage of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: While page 41 of the MTUS Chronic Pain Medical Treatment Guidelines does note that Cyclobenzaprine is recommended as an option, using a short course of therapy, in this case, however, the 60-tablet supply of Cyclobenzaprine sought runs counter to MTUS principles and parameters. The attending provider had seemingly renewed Cyclobenzaprine on several occasions from visit to visit, implying that the applicant was in fact, employing Cyclobenzaprine on a long-term, daily, and/or scheduled use basis. Such usage runs counter to page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Menthoderm gel 4oz: 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 Topical and Functional Restoration Approach to Chronic Pain Management section Page(s.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that a salicylate topical such as Menthoderm are recommended in the treatment of chronic pain, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should tailor medications in dosages to the specific applicant while factoring into account applicant-specific variables such as "other medications." In this case, the attending provider did not state why Menthoderm was being prescribed alongside another topical agent, Lidopro. No rationale for provision of two separate topical agents was proffered by the attending provider. Therefore, the request was not medically necessary.