

<b>Case Number:</b>	CM14-0172819		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	12/02/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 36 year old male who had a work injury dated 6/6/13. The diagnoses include myofascial pain syndrome, cervical and lumbar radiculopathy, cervical sprain. Under consideration are requests for Flexeril 7.5 MG #60 and Methoderm Gel 120 Gram #2. A 10/7/14 handwritten report states that the patient has finished the second round of chiro and psych sessions. The patient complains of pain in the cervical spine with some numbness of right hand and right leg. Patient has completed second round of chiro. On exam there is decreased sensation of right hand. There is decreased range of motion (ROM) of back/neck by 10% in all planes. The rest of exam is illegible. The treatment plan includes a refill of med/cream including Methoderm and Flexeril. Request psych and chiro sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42, 64.

**Decision rationale:** Flexeril 7.5 MG #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Flexeril is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Flexeril. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Flexeril 7.5mg #60 is not medically necessary.

**Menthoderm Gel 120 Gram #2:** 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 Salicylate topical Page(s): 105.

**Decision rationale:** Menthoderm Gel 120 Gram #2 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Menthoderm contains methyl salicylate and menthol. The MTUS does support topical salicylate (e.g., Ben-Gay, methyl salicylate) and states that this is significantly better than placebo in chronic pain. The documentation indicates that the patient has been on Menthoderm and continues to complain of pain. There is no clear documentation of intolerance to oral medications or functional improvement on prior Menthoderm. It is unclear why the patient cannot use an over the counter product such as Ben Gay. The request for Menthoderm Gel 120 Gram #2 is not medically necessary.