

<b>Case Number:</b>	CM14-0175300		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	08/15/2007
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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], who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 15, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery on May 8, 2014, and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 21, 2014, the claims administrator denied a request for cyclobenzaprine and Mentherm while apparently approving a pain management follow-up visit. The applicant's attorney subsequently appealed. In an August 5, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant was apparently using Norco for pain relief. Additional physical therapy was sought while the applicant was kept off of work, on total temporary disability. In a handwritten note dated September 15, 2014, difficult to follow, not entirely legible, the applicant again noted ongoing complaints of low back pain. Additional physical therapy was endorsed. There was no discussion of medication selection or medication efficacy on this occasion. On July 14, 2014, the applicant again reported ongoing complaints of low back pain with associated stiffness, psychological stress, and difficulty sleeping. Additional physical therapy was sought. The applicant's medications were not detailed on this occasion, as with several other progress notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine Hydrochloride 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. In this case, the applicant is using at least two other analgesic agents, oral Norco and topical Methoderm. Additional cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

**Methoderm Gel 120ml:** 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 topic Functional Restoration Approach To Chronic Pain Management section.

**Decision rationale:** While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of salicylate topical such as Methoderm in the treatment of chronic pain, as is present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to effect that the attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work, on total temporary disability. The attending provider has failed to outline any tangible or material benefits achieved as result of ongoing Methoderm usage. The fact that the applicant remains off of work, on total temporary disability, however, coupled with the fact that the applicant remains dependent on opioid agents such as Norco, imply a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Methoderm. Therefore, the request is not medically necessary.