

Case Number:	CM14-0021867		
Date Assigned:	05/09/2014	Date of Injury:	11/20/2013
Decision Date:	08/04/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/21/2014

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 patient is a 58-year-old male who has submitted a claim for strain of groin associated with an industrial injury date of November 20, 2013. Medical records from 2013 to 2014 were reviewed. The patient complained of left inguinal pain radiating to the left testicular area, extending medially just above the left knee. He also complains of left lower quadrant pain and some radiating pain to the lower back. Physical examination showed slight tenderness over the left lower quadrant, left inguinal area and over the adductor musculature of the left upper leg all the way to just above the left knee area; significant pain over the left testicular region; some tenderness over the lower paraspinal muscles; and limitation of motion of the lumbar spine. CT scan of the abdomen done on December 26, 2013 was negative for hernia or bowel obstruction. However, degenerative changes of the lumbar spine and bilateral hips were noted. The diagnoses were strain of groin and adductor muscle of upper leg; low back complaint, possibly referred pain from groin versus lumbogenic; and testicular pain most likely due to groin strain. Treatment plan includes a request for Cyclobenzaprine and Menthoderm gel. Treatment to date has included oral and topical analgesics, heating pad, transcutaneous electrical nerve stimulation (TENS), physical therapy and home exercise program. Utilization review from February 4, 2014 denied the request for Cyclobenzaprine 7.5 mg #30 due to prolonged use without clinical improvement; and Menthoderm gel 120 grams because this product contains menthol, which is unsupported by guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5 MG #30: Upheld

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

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

Decision rationale: Sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient is currently taking ibuprofen for pain. There was no objective evidence of failure of nonsteroidal anti-inflammatory drugs (NSAIDs) to relieve pain. The guideline does not recommend muscle relaxants over NSAIDs and its addition to other agents for pain. Furthermore, muscle spasm was not evident in the physical examination findings. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request is not medically necessary.

MENTHODERM GEL 120 GRAMS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical Analgesics Page(s): 105; 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Capsaicin, topical.

Decision rationale: Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Methoderm gel contains methyl salicylate and menthol. Page 105 states that while the guidelines referenced support the topical use of methyl salicylates, the requested Methoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. ODG states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, or methyl salicylate, may in rare instances cause serious burns. Any compounded product that contains at least one drug (drug class) that is not recommended is not recommended for use. In this case, there was no objective evidence of failure or intolerance to oral pain medications that warrant the use of a topical preparation. The guidelines do not support this type of topical medication due to lack of published efficacy. Moreover, Methoderm contains drug components that are not recommended. Therefore, the request is not medically necessary.