

Case Number:	CM14-0022141		
Date Assigned:	05/09/2014	Date of Injury:	12/14/2011
Decision Date:	08/07/2014	UR Denial Date:	02/11/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 is a 40 year-old individual who was reportedly injured on 12/14/2011. The mechanism of injury is a fall. The most recent progress note, dated 1/30/2014 indicates that there are ongoing complaints of neck pain with numbness in the arms and hands, low back pain with numbness in the legs and feet. The physical examination demonstrated cervical spine: decreased range of motion, positive Spurling's, decreased sensation C5-six upper extremities. Lumbar spine: decreased sensation lower extremities diffuse, decreased range of motion lumbar spine with spasm. Diagnostic imaging studies include mention of an electromyogram/nerve conduction velocity which states peripheral neuropathy lower extremity and sural neuropathy. Previous treatment includes medications such as Flexeril, Protonics, Ibuprofen and Voltaren, physical therapy, referral to mental health. A request was made for Cyclobenzaprine 7.5 mg #90 x2, Methoderm gel 120 grams and was not certified in the pre-authorization process on 2/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5 MG #90 X2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine and Muscle relaxants Page(s): 41, 64 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule supports the use of skeletal muscle relaxants for the short-term treatment of pain, but advises against long-term use. Given the claimant's date of injury (2011) and clinical presentation, the guidelines do not support this request for chronic pain. It is noted on physical exam there is mention of muscle spasm. However due to the limited documentation as well as objective clinical findings this request is not medically necessary.

MENTHODERM GEL 120 GRAMS: 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 Page(s): 105 of 127.

Decision rationale: The treatment guidelines indicate topical analgesics are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. While there is some recommendation for Capsaicin cream in some clinical settings, there is no recommendation for other creams or ointments to treat chronic persistent pain. California Medical Treatment Utilization Schedule guidelines specifically comment on individual ingredients used in a topical preparations and do not recommend 'other' ingredients. The medication prescribed has an active ingredient methyl salicylate and menthol. It is not classified as an anti-inflammatory drug, muscle relaxant or neuropathic agent. Any product that contains at least one drug or drug class that is not recommended, the entire product is not recommended. When noting that neither Menthol nor Methyl Salicylate are indicated for the treatment of tenosynovitis and are not supported by the guidelines the request is considered not medically necessary.