

<b>Case Number:</b>	CM14-0041525		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/29/2010
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 33-year-old male who was reportedly injured on April 29, 2010. The mechanism of injury was noted as a motor vehicle collision. The most recent progress note dated March 10, 2014 indicated that there were ongoing complaints of neck pain and low back pain. The physical examination demonstrated a hypertensive individual with decreased strength in the bilateral cervical spine myotomes. A reduced cervical lumbar range of motion was noted associated with muscle spasm. Diagnostic imaging studies were not reviewed. Urine drug screen completed in March 2014 did not note any illicit or inappropriate findings. Previous treatment included carpal tunnel release surgery and a lumbar fusion. A request was made for multiple medications and was not certified in the pre-authorization process on March 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm 120 ml #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105 of 127.

**Decision rationale:** Treatment guidelines indicate topical analgesics are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. 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. Additionally, the guidelines specifically state that 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 California Medical Treatment Utilization Schedule, the request is not medically necessary.

**Norco 10/325 mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78 of 127.

**Decision rationale:** As outlined in the California Medical Treatment Utilization Schedule, this medication is indicated for the short-term management of moderate to severe breakthrough pain. When noting the date of injury, the injury sustained, the current complaints, and there was no objectification of any functional improvement, increased functionality, or other efficacy or utility with medication, there was no clinical indication for the chronic, indefinite or packages. As such, this is not medically necessary.

**Fexmid 7.5 mg:** Upheld

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

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

**Decision rationale:** 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 and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

**Xanax 0.5 mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 OF 127.

**Decision rationale:** This is a benzodiazepine and is not recommended for long-term use, as there is unproven efficacy and risk of dependence. Furthermore, based on the progress notes, there was no clear clinical indication of any efficacy or utility with use of this medication. As such, the medical necessity has not been established.