

Case Number:	CM14-0049436		
Date Assigned:	07/07/2014	Date of Injury:	08/29/2013
Decision Date:	09/05/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/17/2014

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 29, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and topical agents. In a Utilization Review Report dated March 28, 2014, the claims administrator denied a request for topical Methoderm and oral Flexeril. The claims administrator noted that the attending provider had not furnished the amount or quantity of Methoderm or Flexeril. The applicant's attorney subsequently appealed. In an appeal letter dated April 10, 2014, the applicant's treating provider wrote that Methoderm, a salicylate topical compound, was endorsed by the MTUS Chronic Pain Medical Treatment Guidelines. However, no completed progress notes were attached to the application. No medical rationale or commentary was attached to the Independent Medical Review application or Independent Medical Review packet. The applicant's work and functional status were not outlined. No completed progress notes were included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, cyclobenzaprine or Flexeril is recommended as a "short course of therapy." In this case, the attending provider did not state whether Flexeril was, in fact, being employed for short-term purposes and, if so, what the applicant's response to the same had been in the past. It was not stated whether the request in question represented a first-time request or a renewal request. Again, no clinical progress notes were attached to the application for Independent Medical Review. The applicant's work status, functional status, and/or response to previous usage of cyclobenzaprine were not outlined. Therefore, the request was not medically necessary.

Menthoderm (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals topic. Page(s): 105, 7.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse salicylate topicals such as Menthoderm in the treatment of chronic pain, as is present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has not stated whether the request in question represents a first-time request for Menthoderm or a renewal request. The attending provider has not outlined the applicant's work status, functional status, and/or response to previous usage of Menthoderm (if any). Therefore, the request is not medically necessary.