

<b>Case Number:</b>	CM14-0049716		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	02/13/2014
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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:

This 23 year old patient had a date of injury on 2/13/2014. The mechanism of injury was picking up a box of bagels. On a progress note dated 3/20/2014, the subjective findings included acute musculoskeletal pain of lower back, a 7-8/10 on a 0-10 scale. On a physical exam dated 3/20/2014, the objective findings included appears well nourished, alert, responsive and cooperative. He appears in moderate distress. Diagnostic impression showed lumbar strain/sprain, numbness to right glute, and sprain of other specified sites of hip and thigh. Treatment to date: medication therapy, behavioral modification, physical therapy. A UR decision dated 4/8/2014 denied the request for Keratek 4 oz x3 per day, stating topical analgesics are not recommended and are only efficacious in neuropathic pain after failed 1st line therapy of antidepressants and anticonvulsants, which is not the case here. Tramasetron 100/250/2mg 1-2x/day was denied, stating a review of applicable literature note that specific requirements for the safety or appropriate use of medical foods have not been established, and no guidelines establish any medical food combination provides the claimed benefits. Flexeril 7.5 mg 1-2 per day #60 was denied, stating that the medication appears to be used for a chronic condition, and no exceptional factors are noted in the documentation submitted to consider this request necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Keratek 4oz x 3 per day #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: drugs.com.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Keratek is a combination of menthol 16g, methyl salicylate 28g in 100g gel. In a progress note dated 2/26/2014, the patient is noted to be on Naproxen 550mg, with no indication that this oral NSAID has failed. In the reports viewed, there was no discussion as to why this patient requires this topical formulation. Therefore, the request for Keratek 4 oz. times 3 per day, #1 is not medically necessary.

**Tramasetron 100/250/2mg 1-2x per day #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Google.com.

**Decision rationale:** MTUS, ODG, and Wikipedia were unable to address this issue. The medication was not found using search engines such as Google. Therefore, the request for Tramasetron 100/250/2mg 1-2 times per day, #60 is not medically necessary.

**Flexeril 7.5mg 1-2x per day #60:** Upheld

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

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

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. In the reports viewed, there was no documentation of an acute exacerbation that would justify a regimen of Cyclobenzaprine. No rationale was provided as to

the medical necessity of this medication to the patient's diagnosis. Therefore, the request for Flexeril 7.5mg #60 is not medically necessary.