

Case Number:	CM14-0056977		
Date Assigned:	07/09/2014	Date of Injury:	01/17/2011
Decision Date:	09/18/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 28 year old male who was injured on 1/17/2011. The diagnoses are low back pain and muscle spasm. The patient completed PT and Chiropractic treatment. On 2/19/2014, [REDACTED] noted subjective complaints of 5-6/10 pain score on a scale of 0 to 10. The patient reported that the pain had increased since the non-certification of pain medications. The patient had lost 15 lbs from exercise program. The objective findings were normal gait, with no sensory, reflex or motor deficits. There was decreased range of motion of the lumbar spine and tenderness of the affected parts. On 10/21/2013, [REDACTED] noted that there was no significant objective finding indicating severe pain condition. The 2013 MRI of the lumbar spine showed disc narrowing and L4-5 annular tear. The UDS test on 10/7/2013 was negative for prescribed Tramadol. A Utilization Review determination was rendered on 4/10/2014 recommending non certification for retrospective Menthoderm ointment 120ml and Cyclobenzaprine (Fexmid) 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Menthoderm ointment 120 ml apply 2X daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 64, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines recommends that topical analgesic preparations be utilized as second line options in the treatment of neuropathic pain when trials of NSAIDs, anticonvulsant and antidepressant medications are ineffective or cannot be tolerated. The record did not indicate that the patient have failed treatment with first line medications. The patient was diagnosed with low back pain not neuropathic pain. There were no significant objective findings on clinical examination. Mentherm contains methyl salicylate 15% and menthol 10%. There is lack of guideline support for the use of these compounds in chronic pain management. The criteria for the retroactive use of Mentherm ointment 120ml were not met.

Cyclobenzaprine (Fexmid) 7.5 mg 1 tablet 3X daily, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64, 105.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66.

Decision rationale: The MTUS Chronic Pain Guidelines recommend that muscle relaxants can be utilized as a second line option for short term treatment of acute exacerbations of chronic musculoskeletal pain that did not respond to treatment with NSAIDs, PT and exercise. The records did not show objective findings indicative of muscle spasms. The patient has been utilizing Fexmid longer than the recommended short term periods of less than 4 weeks. The long term use of muscle relaxants is associated with risks of dependency, sedation, addiction and interaction with other sedatives and opioids. The criteria for the use of Cyclobenzaprine (Fexmid) 7.5mg #60 were not met.