

<b>Case Number:</b>	CM14-0071292		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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:

Patient is a 45 year-old male with date of injury 02/20/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/16/2014, lists subjective complaints as pain in the right knee. Objective findings: examination of the right knee revealed tenderness to palpation of the patellofemoral and medial joint line. There was trace effusion of the knee. The patient had no pain with McMurray's maneuver. There was laxity with anterior drawers and Lachman's maneuver. Diagnosis: 1. Medical Epicondylitis, right elbow 2. Chondromalacia, right knee 3. Laxity of the anterior cruciate ligament, right knee 4. Possible medial meniscal tear given the marked tenderness to palpation over the medial joint line. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as the dates listed below. Medications: 1. Methoderm 120ml SIG: 1 tab twice a day (taken for at least 6 months) 2. Norflex 100mg, #60 SIG: 1 tablet 2 times daily (1st prescribed on 04/16/2014) 3. Norco 10/325, #90 SIG: 1 tab ever 4-6 hours for pain (1st prescribed on 04/16/2014).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm 120ML QTY: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** Mentherm is a compounded topical analgesic containing methyl salicylate and menthol. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Mentherm is not medically necessary.

**Norco 10-325mg QTY: 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81 91 and 93-94 of 127.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** There appears to be no indication for the prescription for Norco. The patient complained of knee pain, but had returned to work. In addition, the maneuvers performed during the physical exam revealed no evidence of pain or tenderness. Therefore the request for Norco is not medically necessary.

**Norflex 100mg QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23 of 127.

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

**Decision rationale:** This patient was prescribed Norflex on the same date of the request for authorization but had been taking cyclobenzaprine for an extended period of time prior to that. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking muscle relaxants since the time of the injury, over one year. Therefore the request is not medically necessary.