

Case Number:	CM14-0081007		
Date Assigned:	07/18/2014	Date of Injury:	09/29/2011
Decision Date:	08/25/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/02/2014

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, has a subspecialty in Pain Management 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 is a female patient with the date of injury of September 29, 2011. A Utilization Review was performed on May 22, 2014 and recommended non-certification of Flexeril 10mg #60, Lexapro 10mg #60, Biofreeze, and Max-Freeze Roll-on and Gel x 2. A Progress Report dated January 8, 2014 identifies Subjective Complaints of visual aura associated with migraine headaches. Current Medications identify Flexeril, Biofreeze topical roll-on gel, and Lexapro. Objective Findings identify the patient appears to be suffering from the effects of an upper respiratory illness. Diagnoses identify closed head injury/postconcussive syndrome, neck pain, headache, injury to nasal septum, and right ankle sprain/strain. Discussion/Plan identifies patient is provided with a 1-month supply of her medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

Lexapro 10 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 13-16.

Decision rationale: MTUS Guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no identification that the Lexapro provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in opiate medication use, or improvement in psychological well-being. Additionally, if the Lexapro is being prescribed to treat depression, there is no documentation of depression, and no objective findings which would support such a diagnosis (such as a mini mental status exam, or even depressed mood). In the absence of clarity regarding those issues, the currently requested Lexapro is not medically necessary.

Biofreeze: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Wikipedia, biofreeze (<http://en.wikipedia.org/wiki/Biofreeze#Ingredients>).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Guidelines do not contain support for the topical use of menthol, aloe, or any other of the constituents of Biofreeze. Within the documentation

available for review, the patient is currently taking an antidepressant. There is no indication that the patient has failed a trial of antidepressant and anticonvulsants. In the absence of clarity regarding the above issues, the currently requested Biofreeze is not medically necessary.

Max-Freeze Roll-on and Gel x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Within the documentation available for review, the patient is currently taking an antidepressant. There is no indication that the patient has failed a trial of antidepressant and anticonvulsants. In the absence of clarity regarding the above issues, the currently requested Max-Freeze is not medically necessary.