

<b>Case Number:</b>	CM14-0092434		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/29/2012
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 California and Nevada. 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 injured worker is a 38 year old male who sustained injury on 10/29/12 while lifting a gate on a work truck. The injured worker developed complaints of low back pain. The injured worker to date had three prior epidural steroid injections. No surgical intervention was noted. Despite epidural steroid injections the injured worker continued to report numbness in the left lower extremity and low back pain. The clinical record from 04/16/14 noted current medications noted past medications including Meloxicam and Soma. Physical examination noted no evidence of neurological deficit. There was tenderness to palpation with loss of lumbar range of motion. Prior imaging was reported to show disc herniation at L4 to L5 with reported instability. The injured worker was prescribed antiinflammatories, Mentherm, Ultram, and Orphenadrine at this visit. The requested Cyclobenzaprine 7.5 milligrams quantity 60, Ultram extended release (ER) 150 milligrams quantity 60, and Mentherm ointment 120 milliliters were denied by utilization review on 06/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid Cyclobenzaprine 7.5mg x 60 1 tablet x 3 times daily:** 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 Muscle Relaxants Page(s): 63-67.

**Decision rationale:** The clinical record provided for review did not provide any specific information regarding the use of this medication for an injury now almost two years old. Per guidelines the use of muscle relaxers is recommended to address acute musculoskeletal injuries on a short term basis. There was no indication from the clinical record provided for review that there was any recent exacerbation of musculoskeletal complaints in the low back. Given the absence of any clinical indication for use of this medication this reviewer would not have recommended the request as medically necessary.

**Ultram Tramadol HCL ER 150mg x 60 1 capsule 1 time daily:** 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 Opioids, Criteria for Use Page(s): 88-89.

**Decision rationale:** The clinical documentation submitted for review did not provide a clear rationale for use of this medication. It is unclear what other medications have been provided to date other than Mobic and Soma. It is unclear if any other first line medications for pain have been provided for the injured worker. Without a clear rationale for the use of Ultram for this injured worker, this reviewer would not have recommended this request as medically necessary.

**Menthoderm ointment 120ml:** 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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** Menthoderm contains menthol and is available commercially over the counter. There is no indication from the clinical documentation regarding a rationale for the use of this topical analgesic. There is no indication that the injured worker has reasonably failed all other lower levels of treatment to warrant the continuing use to warrant the use of a topical analgesic. Given that this topical medication is available over the counter and there are no indications for a prescription of this medication, the request is not medically necessary.