

Case Number:	CM14-0093472		
Date Assigned:	07/25/2014	Date of Injury:	06/18/2013
Decision Date:	10/30/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/19/2014

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 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:

The records presented for review indicate that this 38-year-old female was reportedly injured on June 18, 2013. The mechanism of injury is noted as pulling a drawer from a metal filing cabinet and having the cabinet fall and hit her on the inner part of her right ankle and foot, while performing the usual and customary duties of her occupation as a data entry clerk. The diagnosis is indicated as unspecified site of foot sprain. A primary treating physician's progress note, dated January 2014, is noted for an order for acupuncture two times per week for four weeks for pain and for a referral to a general orthopedic surgeon. This note also indicates the injured worker is showing functional improvement on the current treatment plan and has the work status as remaining off work. A comprehensive orthopedic surgical evaluation, dated January 20, 2014, indicates the injured worker's right ankle and foot pain is persisting, despite conservative care. In this note, it is indicated the injured worker states she underwent a few sessions of physical therapy, which did not alleviate the pain. An MRI of the right ankle, on October 3, 2013, revealed subcutaneous edema about the medial malleolar structures bilaterally, the MRI of the right foot was unremarkable. An x-ray of the right foot, on July 24, 2013, revealed a heel spur. Physical examination of the right ankle and foot shows minimal swelling, tenderness to palpation throughout the dorsal aspect, the antero-medial and the anterolateral joint lines, hypersensitivity to touch and decreased strength due to pain. The most recent progress note, dated June 3, 2014, indicates that there are ongoing complaints of right ankle and right foot pain rated at an eight out of ten, which is improved with medication and therapy. The physical examination demonstrated tenderness at the lateral and medial aspects of the right ankle. Range of motion was limited to 30 degrees of plantar flexion and 15 degrees of dorsiflexion. There was mild subcutaneous edema. The work status indicated on this report was to stay off work. Recent diagnostic imaging studies were not available. Previous treatment includes acupuncture, an orthotic boot, physical therapy,

and oral medications. A functional capacity evaluation report, dated May 23, 2014, indicates the injured worker is capable of performing an occupation in a sedentary strength category with restrictions including no sitting for more than 10 minutes continuously, no standing for more than 15 minutes continuously, no walking for more than 0 miles continuously and no pushing or pulling more than 8 pounds. A request for 1 Container of Methoderm (Methyl Salicylate 15%/Menthol 10%) Gel 360grams and Cyclobenzaprine 7.5mg, #90 was denied in the pre-authorization process on June 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methoderm (Methyl Salicylate 15%/Menthol 10%) Gel 360grams: Upheld

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

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

Decision rationale: Methoderm contains Methyl Salicylate/Menthol. According to the California MTUS guidelines, Topical Analgesics is recommended as a treatment option as these agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. According to the California MTUS/Official Disability Guidelines, that the only NSAID that is FDA approved for topical application is Diclofenac (Voltaren 1% Gel). Clinical trial data suggest that Diclofenac sodium gel (the first topical NSAID approved in the US) provides clinically meaningful analgesia in OA patients with a low incidence of systemic adverse events. Per guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Thus, the medical necessity of the requested Methoderm gel is not established per guidelines.

Cyclobenzaprine 7.5mg, #90: Upheld

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

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

Decision rationale: Per guidelines, Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. There is also a post-op use. Cyclobenzaprine is closely related to the tricyclic antidepressants, e.g., amitriptyline. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS)

depressant. In this case, there is little to no evidence of substantial spasm unresponsive to first line therapy. There is no documentation of significant improvement in function with continuous use. Chronic use of this medication is not recommended. Therefore, the medical necessity of the request is not established per guidelines.