

Case Number:	CM14-0172314		
Date Assigned:	11/17/2014	Date of Injury:	10/28/2013
Decision Date:	01/05/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/17/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 46-year old woman who sustained a work-related injury on October 28 2013. Subsequently, the patient developed a chronic. According to a progress report dated on January 13 2014, the patient was complaining of back pain which is lessened by rest. The patient physical examination demonstrated lumbar tenderness with reduced range of motion. The patient was diagnosed with lumbar tenderness with reduced range of motion. The provider requested authorization for the following medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Mentherm 120gm 4fl oz, date of service 9/4/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical salicylate, NSAIDs.

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

Decision rationale: Mentherm contains methyl salicylate 15% and menthol 10%. According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain

control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended. Methoderm (menthol and methyl salicylate) contains menthol a topical analgesic that is not recommended by MTUS. Furthermore, there is no documentation of the patient's intolerance of oral anti-inflammatory medications. Based on the above, Retrospective Methoderm 120gm 4fl Oz, date of service 9/4/14 is not medically necessary.

Retrospective Cyclobenzaprine 75mg #60, Date of service 9/4/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: According to MTUS guidelines, Cyclobenzaprine is recommended for pain for a short course. (Non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patient with chronic back pain). Its effects are greatest in the first 4 days. In this case Cyclobenzaprine was prescribed since at least May 2011, indicating over 2 years of use. Although the patient may suffered a muscle spasm, long term use of Cyclobenzaprine is not recommended as per MTUS guidelines. The proposed prescription of Retrospective Cyclobenzaprine 75mg #60, Date of service 9/4/14 is not medically necessary.