

Case Number:	CM14-0192610		
Date Assigned:	11/26/2014	Date of Injury:	02/15/2014
Decision Date:	01/13/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/18/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 52 year old male with date of injury 2/12/14. The mechanism of injury is not stated in the available medical records. The patient has complained of low back pain with numbness of the left leg since the date of injury. He has been treated with surgery (L4,L5 hemilaminectomy and foraminotomy in 07/2014), epidural steroid injections, physical therapy and medications. There are no radiographic reports included for review. Objective: tenderness to palpation of the lumbar spine paraspinous mucusclature. Diagnoses: lumbar intervertebral disc disease, degenerative disc disease lumbar spine. Treatment plan and request: menthoderm ointment, cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds x 1 menthoderm ointment 120ml: Upheld

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

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

Decision rationale: This 52 year old male has complained of low back pain with numbness of the left leg since date of injury 2/12/14. He has been treated with surgery (L4,L5

hemilaminectomy and foraminotomy), epidural steroid injections, physical therapy and medications. The current request is for menthoderm ointment. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Menthoderm ointment is not indicated as medically necessary.

Fexmid cyclobenzaprine 7.5mg 60 tabs: Upheld

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

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

Decision rationale: This 52 year old male has complained of low back pain with numbness of the left leg since date of injury 2/12/14. He has been treated with surgery (L4, L5 hemilaminectomy and foraminotomy), epidural steroid injections, physical therapy and medications to include muscle relaxants since at least 06/2014. The current request is for cyclobenzaprine. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.