MAXIMUS Federal Services

Case Number:	CM14-0209893		
Date Assigned:	12/22/2014	Date of Injury:	06/27/2013
Decision Date:	02/12/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/15/2014

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 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 injured worker (IW) is a47-year-old man with a date of injury of June 27, 2013. The mechanism of injury occurred when the IW had his left foot planted on cement. When he went to turn, he felt pain in the left knee with some swelling.The injured worker's working diagnoses are left knee pain; status post left knee surgery; and myofascial pain syndrome. Pursuant to a Permanent and Stationary Evaluation by the PM&R provider dated June 4 2014, the provider reports he initially evaluated the IW on September 14, 2013. At that time, he continued him on his current medications, which were Flexeril 7.5mg for muscle spasms, Naprosyn 500mg for inflammation, Omeprazole for stomach prophylaxis, and Neurontin for parethesias. The most recent progress note in the medical record by the primary treating physician was dated September 3, 2014. The note is handwritten and largely illegible. According to the note, the IW is still having increased left knee pain especially with longer standing. He is able to do full duty. He is doing home exercise program (HEP). He is using topicals with benefit. He has deposition on 9/22/14. Objectively, the IW has tenderness and decreased sensation to the left knee. Range of motion of the left knee (illegible). Reflexes (illegible). McMurray's test is negative. The treatment plan recommendations include continue conservative management. The treating physician is refilling Naprosyn 550mg, Omeprazole 20mg, Neurontin 600mg, and Flexeril 7.5mg. He is also prescribing Menthoderm gel. There were no detailed pain assessments or evidence of objective functional improvement associated with the ongoing use of the aforementioned mediations. The current request is for Flexeril 7.5mg #90, Gabapentin 600mg, and Menthoderm gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg quantity 90, with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5mg #90 with 3 refills is not medically necessary. Musser relaxants or second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the injured worker's working diagnoses are left knee pain, status post left knee surgery, and myofascial pain syndrome. A progress note from June 4, 2014 indicates the injured worker was taking Flexeril 7.5 mg at that time (all meds were continued from September 14, 2013). Flexeril is indicated for acute low back pain. There is no documentation of low back pain well in excess of one year. Flexeril is indicated for short-term (less than two weeks) treatment. The treating physician has exceeded the guidelines in terms of duration of treatment. Consequently, absent clinical documentation to support the need for Flexeril in contravention of the recommended guidelines (less than two weeks), Flexeril 7.5 mg #90 with three refills is not medically necessary.

Menthoderm gel 120gms, with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Menthoderm gel 120 g with two refills is not medically necessary. Menthoderm contains Methyl Salicylate and Menthol. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methyl salicylate is not FDA approved. Menthol is not recommended. In this case, the injured worker's working diagnoses are left knee pain, status post left knee surgery, and myofascial pain syndrome. Methyl salicylate is not recommended for widespread musculoskeletal pain. Topical Methyl Salicylate is not FDA approved. Menthol is not recommended. Any compounded product that contains at least one drug (Methyl Salicylate and Menthol) that is not recommended is not recommended. Consequently, Menthoderm gel is

not recommended. Additionally, the requested brand has the same formulation of over-the-counter products such as BenGay. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Menthoderm gel 120 g with two refills is not medically necessary.

Gabapentin 600mg quantity 100, with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy (AEDs) Page(s): 49.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Gabapentin

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Gabapentin 600 mg #100 with 3 refills is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is anti-epilepsy drug. In this case, the injured worker's working diagnoses are left knee pain, status post left knee surgery, and myofascial pain syndrome. A progress note from June 4 of 2014 indicates the injured worker was taking gabapentin at that time. (All medications were continued from September 14, 2013 progress note). The documentation does not contain evidence of objective functional improvement or drug efficacy in serial examinations. Consequently, absent clinical documentation to support the ongoing use of Gabapentin and evidence of objective functional improvement, Gabapentin 600 mg #100 with three refills is not medically necessary.