MAXIMUS Federal Services

Case Number:	CM15-0002853		
Date Assigned:	01/13/2015	Date of Injury:	02/17/2012
Decision Date:	03/13/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66 year old male with an injury date of 02/17/12. Based on progress report dated 12/18/14, patient complains of unrated pain to the right knee, cervical spine, and lumbar spine. Patient also complains of bilateral spasms in the trapezius muscles. Patient has no documented surgical history directed at this complaint, though progress note dated 12/18/14 notes surgical scar to the right knee. Physical examination dated 12/18/14 reveals tenderness to palpation to the bilateral cervical paraspinal muscles and pain/spasms of the rhomboid muscles. Remaining physical findings are handwritten and illegible. Patient is currently prescribed Omeprazole, Flexeril, Neurontin, Voltaren gel, and Menthoderm gel. Diagnostic imaging was not included with the reports provided. Patient is currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with unrated pain to the right knee, cervical spine, and lumbar spine. Patient also complains of bilateral spasms in the trapezius muscles. Patient has no documented surgical history directed at this complaint, though progress note dated 12/18/14 notes surgical scar to the right knee. The request is for FLEXERIL 75MG #90. The RFA is dated 12/18/14. Physical examination dated 12/18/14 reveals tenderness to palpation to the bilateral cervical paraspinal muscles and pain/spasms of the rhomboid muscles. Remaining physical findings are handwritten and illegible. Patient is currently prescribed Omeprazole, Flexeril, Neurontin, Voltaren gel, and Menthoderm gel. Diagnostic imaging was not included with the reports provided. Patient is currently not working. MTUS pg 63-66 states: "Muscle relaxants -for pain-: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine -Flexeril, Amrix, Fexmid, generic available-: Recommended for a short course of therapy."In regards to the request for Flexeril, treater has not provided an intention to utilize this medication short term. Progress notes provided indicate that this patient has been receiving Flexeril since at least 07/16/14, and the requested refill of 90 tablets does not imply short-duration therapy. Therefore, this request IS NOT medically necessary.

Neurontin 600mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-20.

Decision rationale: The patient presents with unrated pain to the right knee, cervical spine, and lumbar spine. Patient also complains of bilateral spasms in the trapezius muscles. Patient has no documented surgical history directed at this complaint, though progress note dated 12/18/14 notes surgical scar to the right knee. The request is for NEURONTIN 600MG #100. The RFA is dated 12/18/14. Physical examination dated 12/18/14 reveals tenderness to palpation to the bilateral cervical paraspinal muscles and pain/spasms of the rhomboid muscles. Remaining physical findings are handwritten and illegible. Patient is currently prescribed Omeprazole, Flexeril, Neurontin, Voltaren gel, and Menthoderm gel. Diagnostic imaging was not included with the reports provided. Patient is currently not working. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin -Neurontin, Gabarone, generic available- has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain.In regards to the request for continuation of Gabapentin, the treater has not provided adequate documentation of pain reduction or functional improvement from the use of

this medication. Progress notes provided indicate that this patient has been receiving Gabapentin since at least 07/16/14, though there is no documentation of pain improvement attributed to this medication as required by MTUS in the following progress reports. Therefore, this request IS NOT medically necessary.

Menthoderm Gel 120g #2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Pain (Chronic) Salicylate topicals

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

Decision rationale: The patient presents with unrated pain to the right knee, cervical spine, and lumbar spine. Patient also complains of bilateral spasms in the trapezius muscles. Patient has no documented surgical history directed at this complaint, though progress note dated 12/18/14 notes surgical scar to the right knee. The request is for MENTHODERM GEL 120G #2. The RFA is dated 12/18/14. Physical examination dated 12/18/14 reveals tenderness to palpation to the bilateral cervical paraspinal muscles and pain/spasms of the rhomboid muscles. Remaining physical findings are handwritten and illegible. Patient is currently prescribed Omeprazole, Flexeril, Neurontin, Voltaren gel, and Menthoderm gel. Diagnostic imaging was not included with the reports provided. Patient is currently not working. Regarding topical NSAIDs MTUS states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use -4-12 weeks-. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use."In this case, the treating physician has not clearly documented that the patient had osteoarthritis and tendinitis at joints that are amenable to topical NSAID treatment. Progress report dated 12/18/14 does mention right knee pain and an unspecified surgical scar, though does not provide any significant physical exam findings or history of osteoarthritis at that joint. Physical exam findings instead focus on lumbar and cervical complaints and MTUS guidelines do not support use of topical NSAIDs for these areas. The treater does not mention how this topical is being used and with what efficacy. Therefore, the request IS NOT medically necessary.