MAXIMUS Federal Services

Case Number:	CM15-0003831		
Date Assigned:	01/14/2015	Date of Injury:	11/03/2008
Decision Date:	03/23/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/08/2015

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, Arizona
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 injured worker is a 53-year-old male who reported an injury on 11/03/2008. Mechanism of injury was due to the injured worker slipping down a slippery slope and doing the splits, injuring his low back. The injured worker has diagnosis of chronic lumbosacral strain, chronic right greater trochanteric bursitis, and left hip degenerative arthritis. Past medication treatment consist of chiropractic therapy, physical therapy, and medication therapy. Medications consist of Flexeril and Menthoderm gel. No diagnostics were submitted for review. On 02/05/2014, the injured worker was seen for a follow-up appointment where he complained of lumbar back pain. Physical examination noted that there was moderate spasm at the paraspinal region of the lumbar spine. Deep tendon reflexes were 2+/4+. It was noted that findings were normal in the opinion of the provider. A request was submitted for retrospective Flexeril 7.5 mg and Menthoderm gel 120 mg. Rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 11/17/14 Menthoderm Gel 120gm with 2 refills: 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; Topical Salicylates Page(s): 111, 105.

Decision rationale: The request for (retro) DOS 11/17/14 Menthoderm gel 120gm with 2 refills was not medically necessary. The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesia are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines further indicate that topical salicylates are appropriate for the treatment of pain. The submitted documentation did not indicate the efficacy of the medication, nor did it indicate that the Menthoderm gel was helping with any functional deficits the injured worker had. Additionally, there was no indication of what pain levels were before, during, and after application of the medication. Furthermore, there was lack of documentation indicating that the injured worker had trialed and failed antidepressants and anticonvulsants. Given the above, the request was not indicated. As such, the request was not medically necessary.

(Retro) DOS 11/17/14 Flexeril 7.5mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril, Muscle relaxants for pain Page(s): 63.

Decision rationale: The request for (retro) DOS 11/17/14 Flexeril 7.5mg #90 with 3 refills is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state that Flexeril is an option for a short term course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The request for Flexeril 7.5 mg with a quantity of 90 with 3 refills exceeds the guidelines recommendations for short term therapy. Additionally, the provided medical records lacked any significant objective functional improvement with the medication. Furthermore, the efficacy of the medication was not submitted for review, nor did it indicate that the medication was helping with any muscle spasms the injured worker was having. Given the above, the request would not have been indicated. As such, the request was not medically necessary.