

Case Number:	CM15-0101509		
Date Assigned:	05/29/2015	Date of Injury:	07/07/2009
Decision Date:	07/09/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/27/2015

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 injured worker is a 36-year-old male who sustained an industrial injury on 7/7/09. The injured worker was diagnosed as having fibromyalgia, sprain of neck and rotator cuff syndrome of shoulder. Currently, the injured worker was with complaints of right shoulder pain. Previous treatments included injections and medication management. Physical examination was notable for right shoulder pain with trigger point spasms noted. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Flexeril) 7.5mg, #90, DOS: 05/06/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 05/06/15 progress report provided by treating physician, the patient presents with right shoulder pain. The patient is status post right shoulder surgery, date unspecified. The request is for Fexmid (Flexeril) 7.5MG, #90, DOS: 05/06/15. Patient's diagnosis per Request for Authorization form dated 05/06/15 includes myofascial pain syndrome, cervical sprain and rotator cuff syndrome. Physical examination to the right shoulder on 05/06/15 revealed decreased strength and range of motion. Positive Impingement test. Treatments to date included electro diagnostic studies, injections and medications. Patient's medications include Flexeril, Naprosyn, Omeprazole and Methoderm gel. Patient's work status not provided, treater states "qualified injured worker," per 05/06/15 report. Treatment reports were provided from 08/27/14 - 05/06/15. 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." Cyclobenzaprine (Flexeril) has been included in patient's medications per progress reports dated 12/09/14, 03/10/15 and 05/06/15. MTUS only recommends short-term use of muscle relaxants. The patient has been prescribed Cyclobenzaprine at least since 12/09/14 report, which is 5 months from UR date of 05/11/15. Furthermore, the request for quantity 90 does not indicate intended short-term use of this medication. Therefore, this retrospective request is not medically necessary.

Mentherm Gel 120 grams, DOS: 05/06/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 05/06/15 progress report provided by treating physician, the patient presents with right shoulder pain. The patient is status post right shoulder surgery, date unspecified. The request is for Mentherm Gel 120 Grams, DOS: 05/06/2015. Patient's diagnosis per Request for Authorization form dated 05/06/15 includes myofascial pain syndrome, cervical sprain and rotator cuff syndrome. Physical examination to the right shoulder on 05/06/15 revealed decreased strength and range of motion. Positive Impingement test. Treatments to date included electrodiagnostic studies, injections and medications. Patient's medications include Flexeril, Naprosyn, Omeprazole and Methoderm gel. Patient's work status not provided, treater states "qualified injured worker," per 05/06/15 report. Treatment reports were provided from 08/27/14 - 05/06/15. Mentherm gel contains Methyl salicylate and Menthol. Regarding topical NSAIDs MTUS page 111 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. 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." Per 05/06/15 report, treater states "Mentherm gel prn for numbness." MTUS specifically states "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the

spine, hip or shoulder." In this case, the patient does not present with peripheral joint osteoarthritis/tendinitis problems for which topical NSAIDs are indicated. The request is not in accordance with guidelines. Therefore, this retrospective request is not medically necessary.