

<b>Case Number:</b>	CM15-0165199		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	09/09/2011
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64-year-old male worker who was injured on 9-9-2011. The medical records reviewed indicated the injured worker was treated for chronic myofascial pain syndrome; chronic right and left upper extremity repetitive strain injury; chronic cervical and lumbar spine strains; chronic right knee pain; and chronic left hand pain. The progress notes (9-15-15) indicated the IW had right knee pain and back pain with some numbness of the left leg. He was using the right knee brace with benefit. On physical examination (6-2-15 to 9-15-15) McMurray's sign was positive in the right knee. Strength was decreased in the left knee. Apley's sign was positive in the left upper extremity with trigger points noted in the left trapezius. Straight leg raise was positive on the left. Sensation was decreased in the left foot. Reflexes were normal in the bilateral upper and lower extremities. According to the notes (6-12-15), treatments included lumbar epidural steroid injections, L4 to S1; Flexeril (since at least 3-11-15), Neurontin, Voltaren XR and Mentherm gel (since at least 3-11-15), which were beneficial; and home exercise program. Per the treating provider, the IW was not working. A record from 5-27-15 stated right knee Synvisc injections in the past were beneficial and Lidoderm applied to the right knee "increased pain relief". The treatment plan included trigger point injections and continued medications. A Request for Authorization 9-15-15 asked for Flexeril 7.5mg, #90 (per 7-8-15 order) and Mentherm gel 120g, #2 (per 7-8-15 order). The Utilization Review on 7-30-15 non-certified the request for Flexeril 7.5mg, #90 (per 7-8-15 order) due to the long-term course of therapy and Mentherm gel 120g, #2 (per 7-8-15 order) was non-certified due to lack of documentation of functional gains from prior use.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg, per 7/8/15 order Qty: 90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months along with NSAIDS. Pain scores were not noted with use of medication. The claimant still required invasive procedures for relief. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.

**Menthoderm gel 120g, per 7/8/15 order Qty: 2.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical NSAIDs can reach systemic levels similar to oral NSAIDS. The claimant was on Volatren orally. The claimant still required invasive procedures for relief and use of another topical (Lidocaine). In addition, there is no documentation of failure of 1st line treatment. Therefore, the continued use of Menthoderm is not medically necessary.