

Case Number:	CM15-0197387		
Date Assigned:	10/13/2015	Date of Injury:	10/24/2002
Decision Date:	11/24/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/07/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 59 year old female, who sustained an industrial injury on 10-24-2002. Diagnoses include cervical facet syndrome, status post cervical fusion, disc protrusion, disc bulging and facet arthropathy, left shoulder tendinitis and osteoarthritis with effusion and synovitis, status post left rotator cuff repair in 2003. Treatments to date include activity modification, medication therapy, home exercise, and TENS unit. On 9-3-15, she complained of pain and inflammation in the neck and shoulder. The pain was rated 5-6 out of 10 VAS. It was documented current medications included Anaprox twice daily, Fexmid, twice daily (since at least 3-5-15), and Lexapro. It was documented a rash appeared from Medrol dospak, and resolved when the medication was discontinued. The progress note did not document objective data regarding medication efficacy. The physical examination documented decreased and painful cervical range of motion. The left shoulder was noted to decreased range of motion. The plan of care included initiation of Menthoderm two to three times daily to the left shoulder and neck as needed and continue other medications on an as-needed basis. The appeal requested authorization for Menthoderm lotion and Fexmid 7.5mg #60. The Utilization Review dated 9-15-15, denied the Menthoderm lotion and modified the request to allow Fexmid 7.5mg #42.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm Lotion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals.

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

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and antiepileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. There are no evidence-based guidelines to support use of menthol. The request for topical menthoderm lotion is not medically appropriate and necessary.

Fexmid 7.5 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm to warrant the use of this medication. The request for Fexmid 7.5 mg #60 exceeds short-term use recommendations per guidelines and is not medically necessary.