

<b>Case Number:</b>	CM15-0029335		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	07/25/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 40-year-old female who sustained a work related fall injury to her tailbone on July 25, 2014. The injured worker was diagnosed with coccyx fracture, chronic myofascial pain syndrome and lumbar spine strain. According to the primary treating physician's progress report on January 9, 2015 the patient continues to experience low back pain described as a dull ache, tightness and radiating to the left lateral thigh, lateral leg and the top of the foot. Current medications are listed as Naprosyn, Vicodin, Neurontin, Omeprazole, Cymbalta, Flexeril and topical analgesic. Treatment modalities consist of chiropractic therapy, physical therapy, acupuncture therapy, heat/ice therapy, yoga, home exercise program and medication. A recent authorization for requested 4 trigger point injections to the left lumbar area was noted. The treating physician requested authorization for Menthoderm gel #2; 1 mat for rolling chair; Flexeril 7.5mg. On February 10, 2015 the Utilization Review denied certification for Menthoderm gel #2; 1 mat for rolling chair; Flexeril 7.5mg. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and alternative guidelines: Labor Code 4600(a).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Menthoderm gel #2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications; Salicylate Topicals.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical Analgesics Page(s): 105; 111-113.

**Decision rationale:** Methoderm gel #2 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. Methoderm contains methyl salicylate and menthol. The MTUS does support topical salicylate (e.g., Ben-Gay, methyl salicylate) and states that this is significantly better than placebo in chronic pain. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The documentation does not reveal intolerance to oral medications or failure of anticonvulsants or antidepressants. The request is not medically necessary.

**1 mat for rolling chair:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor Code 4600(a).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg-Durable medical equipment (DME).

**Decision rationale:** 1 mat for rolling chair is not medically necessary per the ODG. The MTUS does not address this request. The ODG states that durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). Most bathroom and toilet supplies do not customarily serve a medical purpose and are primarily used for The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. The request for a mat for a rolling chair does not primarily and customarily serve a medical purpose and therefore this request is not considered medically necessary.

**Flexeril 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42 and page 64.

**Decision rationale:** Flexeril 7.5mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to

be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cylobenzaprine since August of 2013. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. Furthermore, the request does not indicate a quantity. The request for continued Flexeril is not medically necessary.