

Case Number:	CM15-0029515		
Date Assigned:	02/23/2015	Date of Injury:	11/23/2013
Decision Date:	04/07/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/17/2015

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: 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 48 year old male who sustained an industrial injury on 11/23/2013. Current diagnoses include degenerative disc disease with facet arthropathy and foraminal stenosis. Previous treatments included medication management, physical therapy, psychiatric counseling, and home exercise program. Report dated 02/18/2015 noted that the injured worker presented with complaints that included back and bilateral lower extremity pain. Pain level was rated as 6 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 02/03/2015 non-certified a prescription for Flexeril, Tramadol, and Mentherm ointment, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 63, 74 - 82, 84, and 105.

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

Decision rationale: The requested Flexeril is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has back and bilateral lower extremity pain. Pain level was rated as 6 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril is not medically necessary.

Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, page 78-82, 113 Page(s): 78-82, 113.

Decision rationale: The requested Tramadol is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has back and bilateral lower extremity pain. Pain level was rated as 6 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol is not medically necessary.

Menthoderm ointment: 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 page 111-113, Topical Analgesics Page(s): 111-113.

Decision rationale: The requested Menthoderm ointment is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical

Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has back and bilateral lower extremity pain. Pain level was rated as 6 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. The treating physician has not documented trials of antidepressants or anticonvulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Mentherm ointment is not medically necessary.