

Case Number:	CM15-0217845		
Date Assigned:	11/09/2015	Date of Injury:	09/28/2011
Decision Date:	12/23/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/05/2015

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: North Carolina, Georgia
 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 33 year old female sustained an industrial injury on 9-28-11. Documentation indicated that the injured worker was receiving treatment for lumbar disc displacement, lumbar spine spondylosis, disorder of bursa and tendons in shoulder and cervicalgia. Previous treatment included right shoulder surgery, physical therapy, chiropractic therapy, acupuncture, epidural steroid injections and medications. In a PR-2 dated 6-17-15, the injured worker complained of lumbar spine pain, rated 9 out of 10 on the visual analog scale, with radiation down bilateral lower extremities. Physical exam was remarkable for cervical spine with "limited" range of motion and tenderness to palpation, lumbar spine with tenderness to palpation over the paraspinal musculature with spasms, positive lumbar facet loading and range of motion: forward flexion 45 degrees and extension 15 degrees, 5 out of 5 upper and lower extremity strength except for 4 out 5 strength to right extensor hallucis longus and right ankle dorsiflexion. The treatment plan included initiating Cyclobenzaprine and Methoderm. In a SOAP note dated 9-22-15, the injured worker complained of low back pain, rated 9 out of 10 on the visual analog scale, with radiation to bilateral lower extremities. Physical exam was unchanged. The treatment plan included updated magnetic resonance imaging, requesting authorization for functional restoration program evaluation and continuing medications (Cyclobenzaprine, Wellbutrin, Methoderm and Avalin patch). On 10-12-15, Utilization Review non-certified a request for Methoderm 120ml, Avalin patch 4% #15 and Cyclobenzaprine 7.5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm 120 ml: Upheld

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

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

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Mentoderm cream contains methyl salicylate and menthol. Methyl salicylate is a non steroidal anti-inflammatory agent could be indicated for limited use, but menthol is not a recommended topical analgesic. As such, mentoderm cream is not medically necessary and the original UR decision is upheld.

Avalin 4% patch, Qty 15: 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): Lidoderm (lidocaine patch).

Decision rationale: The CA MTUS states that topical lidocaine preparations such as Avalin patch may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic antidepressant, SNRI or AED, has tried and failed. The medical records in this case do not describe any prior treatment with a first line treatment and therefore the use of Avalin patch is not medically necessary.

Cyclobenzaprine 7.5 mg Qty 60, 2 times daily: Upheld

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

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

Decision rationale: The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of cyclobenzaprine. This is not medically necessary and the original UR decision is upheld.