

<b>Case Number:</b>	CM15-0223540		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	09/18/2012
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 55 year old female, who sustained an industrial injury on 9-18-12. The injured worker was diagnosed as having contusion of finger; lumbago; cervicgia; carpal tunnel syndrome; disorders of the bursae and tendons in shoulder region, unspecified. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-24-15 indicated the injured worker was in the office for a follow-up visit. She reports she had a EMG done and the results were positive for bilateral carpal tunnel syndrome. She reports she continues to have severe pain in her left hand radiating to the left elbow and left shoulder with numbness and tingling. She reports the pain as "shock-like" and reports pain and muscle cramps with the right hand and fingers with numbness and the pain is severe. She is also waiting for results from the "Kidney MRI done March 2015". The provider documents "Diabetes is somewhat controlled with metformin. She has hypertension and takes losartan, K+. Her pain intensity is 10 out of 10 and 7 out of 10 with medications. Feels pain is related to compressed nerves in both hands." On physical examination the provider notes "Examination of left elbow reveals full range of motion. There is tenderness to palpation over the lateral epicondyle. There is normal bulk and tone in the major muscle groups of the upper extremities. Motor strength is 5 out of 5 and symmetric throughout the bilateral upper extremities except 4 out of 5 on the left grip strength." The treatment plan includes a request for left wrist brace for symptoms of carpal tunnel and a referral to a hand specialist. He is also requesting refills on medications. PR-2 notes dated 8-24-15, 7-22-15 and 6-25-15 indicate the same medications were prescribed for the same to similar complaints, medical documentation, physical examination, and pain intensity scale. A Request

for Authorization is dated 11-3-15. A Utilization Review letter is dated 10-19-15 and non-certification for Methoderm 15.00% Gel, 2-3x Daily, 120ml. Utilization Review modified the certification for Cyclobenzaprine 10mg, Bid, #60 to allow #30 for "weaning" and Norco 10-325mg, One Qid Prn, #120 to allow #60 for "weaning". A request for authorization has been received for Cyclobenzaprine 10mg, Bid, #60; Norco 10-325mg, One Qid PRN, #120 and Methoderm 15.00% Gel, 2-3x Daily, 120ml.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Cyclobenzaprine 10mg, Bid, #60: Upheld**

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

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

**Decision rationale:** Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity is not substantiated in the records.

#### **Norco 10/325mg, One Qid Prn, #120: 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): Opioids for chronic pain.

**Decision rationale:** Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity is not substantiated in the records. Therefore, the requested treatment is not medically necessary.

#### **Methoderm 15.00% Gel, 2-3x Daily, 120ml: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation uptodate: menthoderm drug information.

**Decision rationale:** Menthoderm is a topical analgesic consisting of Methyl salicylate and menthol. This product is used in the temporary relief of minor aches and pains of muscle and joints associated with arthritis, bruises, simple backache, sprains, and strains. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MD visit fails to document goals improvement in pain, functional status or a discussion of side effects to justify use of a compounded product. The records do not provide clinical evidence to support medical necessity.