

Case Number:	CM15-0031964		
Date Assigned:	03/04/2015	Date of Injury:	02/01/2010
Decision Date:	04/08/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/20/2015

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: Florida

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:

The year old male injured worker suffered and industrial injury on 2/1/2010. The diagnoses were patellar tendonitis. The diagnostic studies were x-rays right lower leg. The treatments were TENS, medications; acupuncture, physical therapy, and right lower extremity arthroscopy. The treating provider reported positive tenderness to the patella and quadriceps atrophy. There was acute spasm on the right leg with decreased range of motion and decreased strength. The Utilization Review Determination on 2/11/2015 non-certified: 1. Flexeril 7.5mg 1 tablet PO TID #90, MTUS 2. Naprosyn 550mg 1 tablet PO BID #100, MTUS 3. Mentherm Gel 120grams PRN for numbness #4, MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg 1 tablet PO TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs, page 100, 97 Page(s): Antispasticity/Antispasmodic Drugs, page(s) 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Flexeril is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Regarding this patient's case, her physician states in his appeals letter that she is being treated for an acute muscle spasm. He prescribed a 30 day supply of 7.5mg tablets of Flexeril to be taken TID. He is correct that muscle relaxants are indicated by the guidelines for acute spasm, but this quantity is more than what is needed for an acute muscle spasm. A 2 week supply would have been more appropriate. His own reference states that "number needed to treat of 3 at 2 weeks for symptom improvement." Also, as his reference states "low dose cyclobenzaprine has fewer adverse effects." This dose of cyclobenzaprine is not low dose. The lowest dose pill available is 5mg. Likewise; this request is not considered medically necessary. Likewise, this request for Flexeril is not medically necessary.

Naprosyn 550mg 1 tablet PO BID #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Pages: 64, 102-105, 66 Page(s): NSAIDS. Pages: 64, 102-105, 66.

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Naproxen is not medically necessary.

Menthoderm Gel 120grams PRN for numbness #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113 Page(s): Topical Analgesics, pages 111-113.

Decision rationale: In accordance with California MTUS guidelines, topical analgesics are considered largely experimental in use with few randomized controlled trials to determine

efficacy or safety. Guidelines go on to state that, There is little to no research to support the use of many of these agents. This request is for the topical medication Methoderm Gel. This medication contains Methylsalicylate and Menthol. Such over the counter brands as Icy hot and Bengay contain this exact medication. Primarily this medication is recommended for acute pain, not chronic pain. This medication is not considered medically necessary.