

<b>Case Number:</b>	CM15-0036744		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	07/25/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 reported an injury on 07/25/2014. The mechanism of injury involved a fall. The current diagnoses include myofascial pain syndrome, coccyx disorder, and lumbar spine sprain. The injured worker presented on 03/04/2015 for a follow-up evaluation. It was noted that the injured worker had been previously treated with chiropractic therapy. Upon examination, there was diminished range of motion of the lumbar spine in all planes, positive muscle spasm, and palpable trigger points. Recommendations included continuation of omeprazole 20 mg, Flexeril 7.5 mg, Neurontin 600 mg, and Methoderm gel. It was also noted that the provider recommended a mat for the injured worker's rolling chair to be used at work. There was no Request for Authorization submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methoderm gel #2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state 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. In this case, the injured worker has utilized the above medication for an unknown duration without any evidence of objective functional improvement. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.

**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 & Leg Chapter, Durable Medical Equipment.

**Decision rationale:** The Official Disability Guidelines recommended durable medical equipment when there is a medical need and the device or system meets Medicare's definition of durable medical equipment. In this case, there was no evidence of a significant functional deficit upon examination. It is unclear how the requested durable medical equipment will improve or alter the injured worker's condition. As the medical necessity has not been established, the request is not medically appropriate.

**Flexeril 7.5mg:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. In this case, it was noted that the injured worker has utilized the above medication since at least 07/2014. The guidelines do not support long-term use of muscle relaxants. Despite the ongoing use of the above medication, the injured worker continues to demonstrate muscle spasm upon examination. The request as submitted also failed to indicate a frequency or quantity. Given the above, the request is not medically appropriate.