

Case Number:	CM15-0043477		
Date Assigned:	03/13/2015	Date of Injury:	09/09/2011
Decision Date:	04/23/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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 64 year old male, who sustained an industrial injury on September 9, 2011. The injured worker was diagnosed as having myofascial pain syndrome, cervical spine strain, lumbar spine strain, right knee pain, low back pain, and repetitive strain injury of the bilateral upper extremities. Treatment to date has included lumbar spine MRI, right knee MRI, epidural steroid injection (ESI), trigger point injections, bracing, hand therapy, and medication. Currently, the injured worker complains of increase pain in the left shoulder and right knee symptoms. The Primary Treating Physician's report dated January 28, 2015, noted the injured worker had received trigger point injections two weeks prior with benefit. Physical examination was noted to show a positive right knee McMurry's test, a positive left straight leg raise, decreased sensation in the left foot, and decreased strength in the right knee. The injured worker received four trigger point ultrasound guided injections of the left trapezius (shoulder), rhomboid (T-spine), and paracervical (cervical spine) muscles. The Physician noted successful needle placement with classic twitch response as injections of 5cc of 1% Lidocaine was injected. The Physician noted medication refills of Flexeril, Neurontin, Voltaren XR, and Menthoderm Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthodern, Qty: 2.00: 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents with right knee pain. The request is for MENTHODERM QTY: 2.00. Physical examination to the right knee on 10/22/14 revealed tenderness to palpation to the right medial joint line. Patient's treatments have included trigger point injections and a cervical ESI. Patient's gate was antalgic. Per 10/22/14 progress report, patient's diagnosis include severe right knee osteoarthritis and morbid obesity. Patient's medications, per 03/11/15 progress report include Flexeril, Neurontin, Voltaren XR, and Methoderm Gel. Patient's work status was not specified. Methoderm gel contains Methyl salicylate and Menthol. Regarding topical NSAIDs MTUS page 111 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The progress reports provided were hand-written and not legible. The treater does not discuss these medications. Patient has been prescribed Methoderm Gel from 10/21/14 and 03/11/5. MTUS supports the use of this medication for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. Patient's diagnosis includes severe osteoarthritis of the knee. In this case, the request for Methoderm gel appears to be reasonable but the treater does not discuss efficacy. MTUS p60 require recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.

Flexeril 7.5/mg Qty: 90.00: Upheld

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

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

Decision rationale: The patient presents with right knee pain. The request is for FLEXERIL 7.5/MG QTY: 90.00. Physical examination to the right knee on 10/22/14 revealed tenderness to palpation to the right medial joint line. Patient's treatments have included trigger point injections and a cervical ESI. Patient's gate was antalgic. Per 10/22/14 progress report, patient's diagnosis include severe right knee osteoarthritis and morbid obesity. Patient's medications, per 03/11/15 progress report include Flexeril, Neurontin, Voltaren XR, and Methoderm Gel. Patient's work status was not specified. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal

conditions. Cyclobenzaprine(Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, the progress reports provided are hand-written and not legible. The treater has not discussed this request. Patient has received prescriptions for Flexeril from 03/04/14 and 03/11/15. MTUS Guidelines do not recommend use of Flexeril for longer than 2 to 3 weeks, and the requested 90 tablets does not imply short-term therapy. Therefore, the request IS NOT medically necessary.