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| Case Number: | CM15-0050170 | | |
| Date Assigned: | 03/23/2015 | Date of Injury: | 04/11/2011 |
| Decision Date: | 12/15/2015 | UR Denial Date: | 03/06/2015 |
| Priority: | Standard | Application Received: | 03/17/2015 |

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This 33 year old male sustained an industrial injury on 4-11-11. Documentation indicated that the injured worker was receiving treatment for left femoral fracture and T12-L1 compression fracture. Previous treatment included open reduction internal fixation left femoral fracture, physical therapy, heat therapy, home exercise, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 7-11-14, the injured worker complained of left leg pain rated 4 to 5 out of 10 on the visual analog scale as well as continuing low back pain. Physical exam was remarkable for tenderness to palpation of the left lower extremity over surgical scarring. The treatment plan included continuing home exercise and transcutaneous electrical nerve stimulator unit, continuing heat therapy and continuing medications (Naproxen Sodium and Mentherm gel). In a PR-2 dated 8-22-14, the injured worker reported a flare up of left leg pain. The injured worker received an ultrasound treatment during the office visit. In a PR-2 dated 10-3-14, the injured worker complained of left leg and low back pain, rated 5 to 6 out of 10. The injured worker stated that his pain was "always the same". No physical exam was documented. The treatment plan included continuing home exercise, transcutaneous electrical nerve stimulator unit and heat therapy and continuing lumbar support belt. Flexeril, Fenoprofen, Mentherm gel and transcutaneous electrical nerve stimulator unit patches were dispensed during the office visit. On 3-6-15, Utilization Review noncertified a retrospective request for Mentherm gel 120gm, four pairs of transcutaneous electrical nerve stimulator unit electrodes and Cyclobenzaprine 75mg (DOS: 10-3-14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for one (1) prescription of Methoderm gel 120gm (DOS: 10/3/14): 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): Topical Analgesics.

Decision rationale: The requested compound contains medications from the non-steroidal anti-inflammatory drug (NSAID) (methylsalicylate 15%) and general pain reliever (menthol 10%) classes. The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Topical menthol is not recommended by the MTUS Guidelines. The submitted and reviewed documentation did not include a discussion detailing special circumstances that sufficiently supported the use of this compound in this setting. In the absence of such evidence, the current request for 120g of menthoderma for the date of service 10/03/2014 is not medically necessary.

Retrospective request for four (4) pairs of TENS electrodes (DOS: 10/3/14): 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): Transcutaneous electrotherapy.

Decision rationale: Transcutaneous electrical nerve stimulation (TENS) applies electricity to the surface of the skin to improve pain control. The MTUS Guidelines support its use in managing some types of chronic pain and in acute pain after surgery. TENS is recommended as a part of a program of evidence-based functional restoration for specific types of neuropathic pain, spasticity with spinal cord injuries, and multiple sclerosis-related pain and/or muscle spasm. The documentation must demonstrate the pain was present for at least three months, other appropriate pain treatments were unable to properly manage the symptoms, a one-month trial showed improvement, the ongoing pain treatments used during the trial, and the short- and long-term goals of TENS therapy. The Guidelines also support the use of TENS for pain management during the first thirty days after surgery. The documentation must include the proposed necessity for this treatment modality. A TENS unit rental for thirty days is preferred to purchase in this situation. The submitted documentation indicated the worker was experiencing left leg and lower back pain. There was no discussion indicating any of the conditions or situations described above, detailing the results of the one-month TENS trial or the circumstances under which it

was done, describing short- and long-term therapy goals, or suggesting the reason additional electrodes were needed at the time of the request. In the absence of such evidence, the current request for four pairs of transcutaneous electrical nerve stimulation (TENS) electrodes for the date of service 10/03/2014 is not medically necessary.

Retrospective request for one (1) prescription of Cyclobenzaprine 75mg (DOS: 10/3/14):
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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain), Weaning of Medications.

Decision rationale: Cyclobenzaprine is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing lower back pain and left leg pain. There was no suggestion the worker was having a flare-up of long-standing lower back pain or discussion sufficiently describing special circumstances to support this request. Further, the request was for an indefinite supply of medication, which would not allow for changes in the worker's care needs. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available. For these reasons, the current request for an indefinite supply of cyclobenzaprine 75mg for the date of service 10/03/2014 is not medically necessary.