

Case Number:	CM14-0117020		
Date Assigned:	08/04/2014	Date of Injury:	05/27/2012
Decision Date:	10/15/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55-year-old male who has submitted a claim for lumbar sprain associated with an industrial injury date of 5/27/2012. Medical records from 12/20/2012 up to 5/16/2014 were reviewed showing cervical, thoracic, and lumbar spine pain, 7/10 in severity. The patient stated that medications help with the pain. On examination, there was mild bilateral tenderness over the paravertebral muscles of the lumbar spine. There was no evidence of muscle spasms. The treatment to date has included Cyclobenzaprine 5mg, Methoderm gel 360gm, Naproxen, and Omeprazole. Utilization review from 7/10/2014 denied the request for Retro Cyclobenzaprine 5 mg #90 and Methoderm Gel 360 gm. Regarding Methoderm, there is no evidence that the patient has neuropathic pain or that there has been a trial of oral medication. Regarding Cyclobenzaprine, the duration of use is not provided although the injury is two years prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Cyclobenzaprine 5 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is a sedating muscle relaxant recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. It is recommended as an option using a short course therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. In this case, the patient has been taking this medication since at least 1/15/2014. Although the patient complained of diffuse pain, there was no documentation of muscle spasms in the history and physical examination. In addition, the long-term of this medication is not recommended. Its greatest efficacy is seen in the first four days of treatment. Moreover, date of service for review is not indicated. Therefore the request for Retro Cyclobenzaprine 5 mg #90 is not medically necessary.

Menthoderm Gel 360 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals; Topical Analgesics Page(s): 105; 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Capsaicin, Topical

Decision rationale: Menthoderm gel contains methyl salicylate and menthol. According to page 111 of California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (drug class) that is not recommended is not recommended. The guidelines state that while the guidelines referenced support the topical use of methyl salicylates, the requested Menthoderm has the same formulation of over-the-counter products such as BenGay. It has not been established that there is any necessity for this specific brand name. Regarding the Menthol component, California MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical over the counter pain relievers that contain menthol, or methyl salicylate, may in rare instances cause serious burns. In this case, it is unknown when the patient initially used this medication. There was no documentation of intolerance to oral pain medications. It is unclear as to why oral pain medications will not suffice. Furthermore, the guidelines state that there is lack of published evidence proving that Menthoderm is superior compared with over-the-counter methyl salicylate and menthol products. Moreover, the request failed to indicate the quantity of Menthoderm to be dispensed. Therefore, the request for Menthoderm 360 ml is not medically necessary.