

Case Number:	CM14-0122100		
Date Assigned:	09/25/2014	Date of Injury:	06/06/2013
Decision Date:	10/27/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/01/2014

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 Family 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 36-year-old male who has submitted a claim for myofascial pain syndrome and radiculopathy, lumbar associated with an industrial injury date of 06/06/2013. Medical records from 03/07/2014 to 07/15/2014 were reviewed and showed that patient complained of low back pain with right leg numbness. Physical examination revealed spasms of the L5 paraspinal muscles and decreased lumbar ROM. Treatment to date has included chiropractic treatment, physical therapy, acupuncture, Mentherm gel #2 bottles (prescribed since 05/28/2014), Flexeril 7.5mg (quantity not specified; prescribed since 01/15/2014), and other pain medications. There was no documentation of functional outcome from previous oral and topical medications. Utilization review dated 07/24/2014 denied the request for Flexeril 7.5mg #90 per report dated 07/15/14 because the guidelines do not recommend the long-term use of muscle relaxants for back pain. Utilization review dated 07/24/2014 denied the request for Mentherm Gel 120gm #2 bottles per report dated 07/15/14 because the patient's chronic pain did not appear to be due to minor aches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #90 per report dated 07/15/14: 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 Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better and treatment should be brief. In this case, the patient has been prescribed Flexeril 7.5mg (quantity not specified) since 01/15/2014. However, there was no documentation of functional outcome from previous Flexeril use. Moreover, the long-term use of Flexeril is not in conjunction with guidelines recommendation. Therefore, the request for Flexeril 7.5mg #90 per report dated 07/15/14 is not medically necessary.

Menthoderm Gel 120gm #2 bottles per report dated 07/15/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Capsaicin, topical

Decision rationale: Menthoderm gel contains methyl salicylate and menthol. According to page 111 of CA 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, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, or methyl salicylate, may in rare instances cause serious burns. In this case, the patient was prescribed Menthoderm #2 bottles since 05/28/2014. However, there was no documentation of functional outcome from previous Menthoderm use. Furthermore, there was no rationale provided as to why over-the-counter topical medication would not suffice. The guidelines state that there was no necessity for any specific brand name concerning methyl salicylates. Therefore, the request for Menthoderm Gel 120gm #2 bottles per report dated 07/15/14 is not medically necessary.