

Case Number:	CM14-0128768		
Date Assigned:	09/05/2014	Date of Injury:	06/01/2005
Decision Date:	10/29/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/13/2014

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:

Patient is a 50 year-old female with date of injury 06/01/2005. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/25/2014, lists subjective complaints as pain in the low back with radicular symptoms to bilateral lower extremities. PR-2 was handwritten and illegible. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles and right sciatic notch with spasm. Straight leg raising test was positive on the right. Range of motion was restricted in all planes. Decreased sensation along the right L5 and S1 dermatomes. Diagnosis: 1. Lumbosacral strain/sprain with right lower extremity radiculopathy without crossover to right lower extremity CRPS. The medical records supplied for review document that the patient had been taking the following medication for at least as far back as three months. Medications: 1. Fexmid 7.5mg, #90 SIG: 1 po bid 2. Dendracin Lotion 120ml

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg, qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) - For chronic pain Page(s): 41, 64.

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for at least 6 months, long past the recommended 2-3 weeks by the MTUS. Cyclobenzaprine is not medically necessary.

Dendracin Lotion, 120ml: 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 Page(s): 28, 105.

Decision rationale: Dendracin Cream is a topical analgesic with the active ingredients, methyl Salicylate 30%, capsaicin 0.0375%, and menthol USP 10% used for the temporary relief of mild pain due to muscular strain, arthritis, and simple back pain. The MTUS states that capsaicin topical is recommended only as an option in patients who have not responded or are intolerant to other treatments. The medical record contains no documentation that the patient is intolerant of unresponsive to other treatments. Therefore the request is not medically necessary.