

Case Number:	CM14-0129885		
Date Assigned:	09/22/2014	Date of Injury:	03/11/2013
Decision Date:	10/21/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/14/2014

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 Physical Medicine & Rehabilitation 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 28-year-old male who has submitted a claim for lumbosacral joint/ligament sprain associated with an industrial injury date of March 11, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of chronic low back pain with numbness and tingling of the lower extremities. There is no progress report in the last 90 days that presents the objective findings of the patient. Treatment to date has included medications, modified work and activity, 6 chiropractic sessions, 12 PT sessions and lumbar epidural injections. Utilization review from August 5, 2014 denied the request for Flexeril 10mg 1 tab po bid prn severe pain #30, Norco 7.5/325mg 1 tablet po bid prn for severe pain, and Methoderm Gel 120gm for pain. The request for Flexeril was denied because of concomitant NSAID use and loss of efficacy over time. The request for Norco was denied because there was no current CURES inquiry, UDS and lack of efficacy. The reason for the denial of the Methoderm is not clear from the UR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg 1 tab po bid prn severe pain #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Cyclobenzaprine (Flexeril), Page(s): 41-42.

Decision rationale: According to pages 41-42 of the CA 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 (LBP). 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. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. In this case, the patient presented with a documented spasm of the lumbar spine and had been using Flexeril since February 2014. The treatment period already exceeds that of the guideline recommendations and the rationale for deviating from the guidelines was not provided. Furthermore, there is no recent progress note which contains objective findings of the patient to verify the presence of spasms. The medical necessity for Flexeril was not established. Therefore, the request for Flexeril 10mg 1 tab po bid prn severe pain #30 is not medically necessary.

Norco 7.5/325mg 1 tablet po bid prn for severe pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88,91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of CHRONIC pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking opioids for pain since at least March 2014. There is no record to indicate an objective improvement in the patient secondary to this drug in terms of pain reduction and improvement in functionality. Also, there is neither a documentation of a plan to taper the medication nor evidence of a trial to use the lowest possible dose. Side effects were not adequately explored. There is no recent urine drug screen that would provide insight regarding the patient's compliance to the prescribed medication. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Norco 7.5/325mg 1 tablet po bid prn for severe pain is not medically necessary.

Mentherm Gel 120gm for pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Topical Analgesics Page(s): 105 111. Decision based on Non-MTUS Citation Pain Section, Topical Salicylates

Decision rationale: 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 Mentoderm 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 Mentoderm since July 24, 2014. 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 Mentoderm is superior compared with over-the-counter methyl Salicylate and menthol products. There is no discussion as to why the specific brand is needed. Therefore, the request for Mentoderm Gel 120gm for pain is not medically necessary.