

<b>Case Number:</b>	CM14-0133015		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	03/17/2011
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California and Maryland. 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:

This is the case of a 48-year old male, with a date of injury on 3/17/2011, with an undisclosed mechanism of injury. The patient presently complains of upper back pain with right leg weakness, after taking short walks. Bilateral elbow pain is also noted. Home exercise programs would only aggravate the pain felt. The patient also has sleep issues. Pain scale is at 6-7/10. Headache, right lower extremity weakness with prolonged standing, tenderness to palpation over the right shoulder and supraspinatus area were also noted on physical examination. Right lower extremity weakness, at 4/5 was also observed. The patient has had no surgeries and 6 PT sessions finished to date. Complaints of sharp pain over the mid thoracic and scapular region on the right side, pins and needles sensation over the elbow radiating to the forearm and hand were also noted. Pain was noted to increase with grabbing, grasping, lifting, pushing and pulling. These pain sensations were noted to subjectively improve with the intake of medications. Treatment to date would include a home exercise program, transcutaneous electrical nerve stimulation, heat therapy, medication and medication. Diagnoses include Bilateral Upper Extremity Overuse, bilateral elbow strain and sprain, and thoracic spine strain and sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Mentherm 120gm/tube #2:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Page(s): 105.

**Decision rationale:** There is a note from 7/29/14 that is handwritten stating bilateral elbow pain and upper back pain. There is no comprehensive exam. The documentation does not establish the need for this brand-name medication as opposed to over-the-counter alternatives. There is a letter of utilization review appeal that does not provide any other medical rationale although then listing the MTUS chronic pain medical treatment guidelines. There has not been any description of functional gains or reduction in oral medications. Non-certified.

**Cyclobenzaprine 7.5mg/tab #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page 63; CA MTUS 2009 9792.24.2. Chronic Pain Medic.

**Decision rationale:** The documentation does not establish the need for ongoing use of Flexeril. There is no comprehensive physical examination. No documentation of objective gains. No documentation of any taper and wean. The MTUS chronic pain medical treatment guidelines do not support long-term treatment with muscle relaxants. Efficacy diminishes over time. Non-certify.

**Topiramate 25 mg/tab #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16, 21.

**Decision rationale:** The MTUS chronic pain medical treatment guidelines state that Topamax can be used for neuropathic pain when other anticonvulsants fail. The documentation states radiating pain from the forearm to the hand, however, there is no indication in the records that first-line agents have been attempted and failed. Non-certified.

**Ketoprofen 75mg/Cap #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, ODG Pain Chapter, page 46; CA MTUS 9792.24.2. Chron.

**Decision rationale:** Medical necessity for this medication has not been established. CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. The documentation does not establish the duration of use, evaluation of any side effects, documentation of functional gain, or description of subjective analgesia. Non-certified.