

Case Number:	CM14-0166680		
Date Assigned:	10/13/2014	Date of Injury:	03/08/2014
Decision Date:	11/14/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/09/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for ankle and foot pain reportedly associated with an industrial injury of March 8, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and work restrictions. In a Utilization Review Report dated September 17, 2014, the claims administrator denied a request for Methoderm and Flexeril. The applicant's attorney subsequently appealed. In a progress note dated May 27, 2014, the applicant apparently consulted a physiatrist owing to ongoing complaints of ankle pain. The applicant was using a scooter to move about at times, it was acknowledged. The applicant was having difficulty bearing weight on the ankle. The applicant was not working, it was acknowledged. The applicant's medication list included Synthroid, Aleve, and Celebrex. Naprosyn, Neurontin, acupuncture, and work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place. On June 10, 2014, the applicant was given prescriptions for Naprosyn, Prilosec, and Neurontin owing to ongoing complaints of ankle pain. On July 8, 2014, the applicant was given prescriptions for Naprosyn, Prilosec, Flexeril, Neurontin, and Methoderm through usage of preprinted checkboxes. Work restrictions were again endorsed, the attending provider noted that the applicant's employer was unable to accommodate, resulting in her being placed off of work, on total temporary disability. On July 22, 2014, the applicant was apparently asked to continue Naprosyn, Prilosec, Flexeril, Methoderm, and Neurontin. The applicant was again described as off of work, on total temporary disability. There was no explicit discussion of medication efficacy. In a medical-legal evaluation dated August 12, 2014, the applicant was described as using Levoxyl, Neurontin, Prilosec, Flexeril, and Naprosyn. The applicant did have active issues with reflux. The applicant was off of work. The applicant had

developed psychiatric issues, it was acknowledged. On August 26, 2014, Naprosyn, Prilosec, Flexeril, Neurontin, and Methoderm were renewed through a handwritten progress note, difficult to follow, not entirely legible, again without explicit discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Menthoderm gel 120 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105, 7.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that salicylate topical such as Mentoderm are recommended in the treatment of chronic pain, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, it does not appear that the applicant has returned to work, despite ongoing usage of Mentoderm. Ongoing usage of Mentoderm has failed to curtail the applicant's usage of oral pharmaceuticals, including Naprosyn, Flexeril, Neurontin, Celebrex, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in the MTUS 9792.20f, despite ongoing usage of Mentoderm. Therefore, the request is not medically necessary.

Flexeril 7.5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants (for pain).

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other agents, including Naprosyn, Neurontin, Mentoderm, etc. Adding Cyclobenzaprine or Flexeril is not recommended. Therefore, the request is not medically necessary.