MAXIMUS Federal Services

Case Number:	CM14-0094642		
Date Assigned:	07/25/2014	Date of Injury:	10/01/2013
Decision Date:	09/25/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	06/23/2014

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 Internal 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 injured worker is a 32 year old male who sustained an injury on 10/01/13. No specific mechanism of injury was noted. The injured worker was seen on 06/09/14 with complaints of continuing low back pain rating 7/10. The injured worker reported continuing depression which was treated with sertraline. This appeared to have caused headaches. Physical examination noted tenderness to palpation in the lumbar spine with associated spasms. The injured worker was continued on sertraline at this visit and prescribed Tramadol, Flexeril, Effexor and Menthoderm. The requested Menthoderm gel 120g, Effexor ER 75mg #60 and Cyclobenzaprine 7.5mg #90 were denied by utilization review on 06/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO DOS: 6/9/2014 Menthoderm Gel 120gm #1: Upheld

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

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

Decision rationale: In regards to Menthoderm gel 120g prescribed on 06/09/14 this request was not medically necessary. Menthoderm gel contains Menthol. This is a readily available

commercial over the counter topical analgesic. This does not require a prescription for its use. It is unclear why prescription Menthoderm gel was prescribed to the injured worker when there is insufficient evidence establishing that this medication provides any this topical analgesic provides any long term benefits for myofascial low back pain. As such, this request is not medically necessary.

RETRO DOS: 6/9/2014 Venlafaxine ER 75mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: In regards to Venlafaxine ER 75mg #60 this reviewer would not have recommended this request as medically necessary. The injured worker has symptoms of depression on 06/09/14 report however Sertraline was continued for this condition. There were no other noted indications for the use of Venlafaxine per the clinical record provided for review. Therefore this reviewer would not have recommended this request as medically necessary.

RETRO DOS: 6/9/2014 Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299,Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Cyclobenzaprine 7.5mg quantity 90, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this request is not medically necessary.