MAXIMUS Federal Services

Case Number:	CM14-0096428		
Date Assigned:	07/28/2014	Date of Injury:	06/03/1984
Decision Date:	09/22/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/24/2014

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 records presented for review indicate the injured worker is a 66 year old male injured on 06/03/84 due to lifting. Clinical note dated 06/03/14 indicates the injured worker complains of low back pain flare up due to lifting bottled water. Low back pain rated 8/10 on the visual analog scale. Diagnoses include lumbosacral strain and diabetes. Medications taken by the injured worker include Norco 10/325, three times daily, Menthoderm gel, and Cyclobenzaprine 7.5mg. The injured worker also utilizes a transcutaneous electrical nerve stimulator (TENS) unit. Prior utilization review dated 06/12/14, denied request for two Menthoderm cream 120 grams and Cyclobenzaprine 7.5mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 06/03/2014 two Menthoderm cream 120 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: Menthoderm contains Methylsalicylate and Menthol. Per MTUS guidelines, the efficacy of topical NSIADs (non-steroidal anti-inflammatory drug) in clinical trials for this

treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. The CA MTUS/ODG states that the only NSAID that is FDA approved for topical application is Diclofenac (Voltaren 1% Gel). Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Furthermore, there is no documentation of any significant improvement of pain and function. Therefore, the medical necessity of this topical cream is not established per guidelines.

Retrospective for date of service 06/03/2014 Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antispasmodics Page(s): 42.

Decision rationale: Cyclobenzaprine is recommended as an option, using a short course of therapy. The addition of Cyclobenzaprine to other agents is not recommended. Cyclobenzaprine is closely related to the Tricyclic antidepressants, e.g., Amitriptyline. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) pain blocker. According to the guidelines, antispasmodics are used to decrease muscle spasms. In this case, the medical records do not document the presence of substantial muscle spasm refractory to first line treatments. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. Chronic use of muscle relaxants is not recommended by the guidelines. Therefore, the medical necessity for Cyclobenzaprine (Flexeril) is not established per guidelines.