

Case Number:	CM15-0175976		
Date Assigned:	09/17/2015	Date of Injury:	09/29/2006
Decision Date:	10/27/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56-year-old female who sustained an industrial injury on September 29, 2006. Diagnoses are lumbar radiculopathy secondary to herniation without myelopathy. Documented treatment includes Motrin and Flexeril, and states that she is "unable to take Naproxen or Gabapentin." She also discontinued Tramadol due to unspecified side effects. Note states physical therapy was denied. The injured worker reported July 27, 2015 that low back pain is "getting worse" rating between 4 at best and 10 at worst. Pain is characterized as sharp with "pins and needles sensation." It is aggravated with activity, and she stated it has been interfering with activities of daily living including going to work. Examination revealed full range of motion, with tenderness with palpation over the right paraspinal muscles. The treating physician's plan of care includes request July 27, 2015 for refills of Menthoderm, Docuprene, and Flexeril, which were denied September 4, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Menthoderm 15 Percent 120 ML DOS 7/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient was injured on 09/29/06 and presents with low back pain which radiates to the groin area. The retrospective request is for MENTHODERM 15 PERCENT 120 ML DOS 7/27/15. The RFA is dated 08/13/15 and the patient is working full duty. The patient has been using this medication as early as 04/29/15. MTUS Guidelines, Topical Analgesics NSAIDs Section, page 111 states that topical NSAIDs are supported for peripheral joint arthritis/tendinitis type of problems, mostly for short term. Regarding topical NSAIDs MTUS also states, "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 patient has tenderness with palpation over the right paraspinal muscles and is diagnosed with lumbar radiculopathy secondary to herniation without myelopathy. None of the reports provided mention how Mentherm has impacted the patient's pain and function. MTUS page 60 requires documentation of pain function when medications are used for chronic pain. Due to lack of documentation, the requested Mentherm Gel is not medically necessary.

Retro Docuprene 100 MG Qty 60 DOS 7/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The patient was injured on 09/29/06 and presents with low back pain which radiates to the groin area. The retrospective request is for DOCUPRENE 100 MG QTY 60 DOS 7/27/15. The RFA is dated 08/13/15 and the patient is working full duty. The patient has been taking this medication as early as 04/29/15. MTUS page 77, CRITERIA FOR USE OF OPIOIDS Section, regarding constipation states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states, "Opioid induced constipation is a common adverse side effect of long-term opioid use." The patient has tenderness with palpation over the right paraspinal muscles and is diagnosed with lumbar radiculopathy secondary to herniation without myelopathy. As of 07/27/15, the patient is taking Motrin and Flexeril. The 07/27/15 report states that Docuprene "appears to be effective for opioid-induced constipation." MTUS recognizes constipation as a common side effect of chronic opiate use; however, there are no listed opioids for the patient's prescription. This request does not appear reasonable and is not medically necessary.

Retro Flexeril 7.5 MG Qty 60 DOS 7/27/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient was injured on 09/29/06 and presents with low back pain which radiates to the groin area. The retrospective request is for FLEXERIL 7.5 MG QTY 60 DOS 7/27/15. The RFA is dated 08/13/15 and the patient is working full duty. The patient has been taking this medication as early as 04/29/15. MTUS Guidelines, Muscle Relaxants, pages 63-66 states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy."The patient has tenderness with palpation over the right paraspinal muscles and is diagnosed with lumbar radiculopathy secondary to herniation without myelopathy. MTUS Guidelines do not recommend the use of Flexeril for longer than 2 to 3 weeks. In this case, the patient has been Flexeril as early as 04/29/15, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. The requested Flexeril is not medically necessary.