

Case Number:	CM13-0015300		
Date Assigned:	10/08/2013	Date of Injury:	09/05/2008
Decision Date:	01/17/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 chronic neck pain, reportedly associated with industrial injury of September 5, 2008. Thus far, the applicant has been treated with the following: Analgesic medications, adjuvant medications, topical compounds, unspecified amounts of acupuncture over the life of the claim, attorney representation and unspecified number of epidural steroid injections. In a utilization review report of August 9, 2013, the claims administrator partially certified a request for Robaxin, certified a request for Tylenol No. 3, and denied request for multiple topical compounds. The applicant's attorney later appealed. A later note of September 10, 2013 is notable for comments that the applicant is using Robaxin for muscle spasms, topical compounds are also endorsed as medical foods. The applicant also remains on Tylenol No. 3. It is stated that the applicant developed on and off frequent muscle spasms and uses Robaxin for the same. It is stated that the topical compounds have been beneficial for the applicant. It is suggested that the applicant cannot tolerate "most oral medications."

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section and Methocarbamol Section Page(s): 63, 65.

Decision rationale: The request for Robaxin #60 is not medically necessary, medically appropriate, or indicated here. As noted on the page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Robaxin are recommended with caution as a second-line option in the treatment of acute flares of chronic low back pain. They are not recommended on the twice daily, long-term, scheduled use effectively being proposed by the attending provider. It is further noted that it does not appear that the applicant has affected any clear evidence of functional improvement through prior usage of this agent. The applicant does not appear to have returned to work. The applicant's dependence on multiple medications, coupled with her failure to return to work, imply a lack of functional improvement as defined in section 9792.20f. Thus, the request is non-certified both on the grounds that the MTUS does not support chronic or long-term usage of muscle relaxants and on the grounds that the applicant does not appear to have affected any functional improvement through prior usage of this particular agent.

WF60 (Flurbiprofen 10% Capsaicin 0.025% Menthol 0.05%): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Section Page(s): 28.

Decision rationale: Similarly, the request for the flurbiprofen-capsaicin-menthol cream is also not medically necessary, medically appropriate, or indicated here. One of the ingredients in the compound, specifically topical capsaicin is, per page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, recommended as an option only in those applicants who have not responded to or are intolerant to other treatments. In this case, however, there is no clear-cut evidence of intolerance to first-line oral pharmaceuticals. The applicant is reportedly described as using a number of oral pharmaceuticals, including both Robaxin, in dispute above, and Tylenol No. 3 without any reported difficulty, impediment, and/or impairment. Therefore, the request for the flurbiprofen-capsaicin-menthol compound remains non-certified, on independent medical review.

KC60 (Ketoprofen 10% Cyclobenzaprine 10%): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

Decision rationale: The request for ketoprofen-cyclobenzaprine containing compound is also not medically necessary, medically appropriate, or indicated here. As noted on pages 112 and

113 of the California MTUS Chronic Pain Medical Treatment Guidelines, neither ketoprofen nor cyclobenzaprine is recommended for topical compound use purposes. This result in the entire compound's carrying an unfavorable recommendation, per page 111 of the California MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request remains non-certified, on independent medical review.