

Case Number:	CM13-0032678		
Date Assigned:	12/11/2013	Date of Injury:	10/02/2011
Decision Date:	01/24/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/08/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient is a 58 year old female who reported injury on 10/02/2011. The mechanism of injury was not provided. It was noted the medications decreased the patient's pain and allowed for activity and exercise and the patient had no side effects. The patient was noted to report an increase in the numbness to the left index and thumb finger with a sharp pain on the right side of the neck. The diagnoses were noted to include neck sprain/strain, cervical disc degeneration, chronic pain syndrome, and cervicobrachial syndrome. The request was made for topical cream ketamine/gabapentin/baclofen/cyclobenzaprine/flurbiprofen and Robaxin 500 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Antispasmodics Page(s): 65.

Decision rationale: California MTUS Guidelines indicate that Robaxin is an antispasmodic. It was noted to be used to decrease muscle spasm in conditions such low back pain. Clinical documentation submitted for review indicated that the medications decreased the patient's pain,

allow for activity and exercise, and there were no side effects. However, it fails to provide the efficacy of the requested medication. The objective complaints revealed the patient had a positive myospasm on the right PS, and decreased painful range of motion. Additionally, there was a lack of documentation indicating the quantity of medication being requested. Given the above, the request for Robaxin 500 mg is not medically necessary.

Topical cream: ketamine/gabapentin/baclofen/cyclobenzaprine/flurbiprofen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 41, 72, 113.

Decision rationale: "Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no peer-reviewed literature to support the use of topical Baclofen. There is no recommendation for the topical use of Cyclobenzaprine as topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product. The addition of cyclobenzaprine to other agents is not recommended. Regarding the use of Ketamine it is under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. Gabapentin is not recommended. There is no peer-reviewed literature to support its use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product. Regarding Topical Flurbiprofen, the FDA approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. A search of the National Library of Medicine - National Institute of Health (NLM-NIH) database demonstrated no high quality human studies evaluating the safety and efficacy of this medication through dermal patches or topical administration. As the topical Flurbiprofen is not supported by the FDA or the treatment guidelines." The clinical documentation submitted for review failed to provide exceptional factors to warrant nonadherence to recommendations. Given the above and the lack of documentation of exceptional factors, the request for topical cream ketamine/gabapentin/baclofen/cyclobenzaprine/flurbiprofen is not medically necessary.