

<b>Case Number:</b>	CM13-0057979		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/06/2012
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	11/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Physical Medicine and Rehabilitation, Pain Management has a subspecialty in Interventional Spine 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 35 year-old with a date of injury of 07/06/2012. The listed diagnosis per [REDACTED] dated 10/21/2013 is status post left knee arthroscopy (05/10/2013). According to report dated 10/21/2013 by [REDACTED], the patient presents with left knee pain with weakness and occasional swelling. Examining of the knee revealed marked tenderness to palpation over the medial joint line. There was also tenderness to palpation over the lateral joint line. There was also mild swelling and crepitation with range of motion. Muscle strength was 4/5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Cyclobenzaprine Page(s): 64.

**Decision rationale:** This patient presents with left knee pain with weakness and occasional swelling. Treater requests Robaxin 750mg #60 for patient's "significant muscle spasms." The MTUS guidelines pg 64 states "Cyclobenzaprine is recommended for a short course of therapy.

Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS does not recommend long-term use of muscle relaxant and recommends using 3-4 days for acute spasms and no more than 2-3 weeks. The requested Robaxin 750mg #60 is not medically necessary and recommendation is for denial.

**Bio-Therm 4oz:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Page(s): 29.

**Decision rationale:** This patient presents with left knee pain with weakness and occasional swelling. Treater requests Bio-Therm Cream. For Capsaicin, MTUS guidelines page 29 states, "Recommended only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy." In this case, the patient has trialed physical therapy with little response. In addition, the treater states in report dated 01/10/2013, that the patient is utilizing Bio-therm "which is allowing him to minimize his pill intake." Report dated 06/20/2013 also notes the patient's pain decreased from 7/10 to 5/10 with using Bio-Therm. Given the patient complaints of pain and the efficacy of this cream, recommendation is for approval.