

<b>Case Number:</b>	CM13-0071454		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	12/07/2012
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2013

### 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, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 50-year-old female who reported an injury on 12/07/2012 secondary to being struck by a bicycle. Her diagnoses include postoperative right shoulder pain, postoperative right knee pain, bilateral plantar fasciitis, and lateral epicondylitis. According to the documentation submitted for review, she has been treated previously with physical therapy and medications. Current medications were not provided in the most recent clinical notes. However, clinical notes on 04/12/2013, 05/10/2013, and 06/07/2013 indicated the injured worker was using Robaxin at that time. The injured worker was evaluated on 11/14/2013 and reported right shoulder pain, right knee pain, and bilateral foot pain. On physical examination, she was noted to have decreased strength and range of motion of the right shoulder with a positive impingement test. She was also noted to have tenderness to palpation of the joint lines of the right knee with limited motor strength and a positive McMurray's test. With regard to the bilateral feet, she was noted to have moderate to severe tenderness to palpation over the bilateral plantar fascia and arches. It was noted that the injured worker suffered from other types of psychosomatic issues and it was recommended that she undergo a psychological evaluation before any further treatment could be recommended. The injured worker was re-evaluated 8 days later on 11/22/2013 by an internist. On that date, she was noted to have increasing depression and increasing fibromyalgia. She also reported a headache and difficulty sleeping. The injured worker was started on Zoloft and Topamax at that time with a notation that her Robaxin would be increased. It was also noted that she would continue her other current medications. A Request for Authorization was submitted on 11/22/2013 for Dendracin lotion, Zoloft, Topamax, and Robaxin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DENDRACIN LOTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 111-113.

**Decision rationale:** The request for Dendracin lotion is non-certified. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The requested lotion contains menthol 10%, methyl salicylate 30%, and capsaicin 0.0375%. The guidelines state that there is no current evidence to support treatment with capsaicin beyond a 0.025% formulation. These guidelines also state any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Additionally, the medical records submitted for review failed to indicate the duration of previous treatment with the Dendracin. The clinical note on the date of the request fails to indicate that this is a new medication. There is a lack of documented evidence of quantified pain relief and/or objective functional improvement with the injured worker's use of Dendracin.

**ROBAXIN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain Page(s): 63-65.

**Decision rationale:** The request for Robaxin is non-certified. The California MTUS Guidelines may recommend antispasmodic muscle relaxants such as Robaxin for the short-term treatment of acute exacerbations of low back pain and muscle spasm. The most recent documentation submitted for review fails to indicate subjective reports of low back pain or muscle spasms. There were no muscle spasms documented on physical examination. Additionally, it was noted that the injured worker has used Robaxin since at least 04/12/2013. It was noted that the request for Robaxin would be an increase to her current prescription. There is a lack of recently documented evidence of quantified pain relief or objective functional improvement with the injured worker's use of Robaxin. Based on the evidence-based guidelines' recommendation for short-term use, the absence of subjective reports of low back pain, the absence of physical examination findings of muscle spasm, and the absence of documentation of medication efficacy, there is insufficient evidence to indicate the injured worker would benefit from continued use of Robaxin. Furthermore, the request as written does not include a dose or quantity. Therefore, it

is unclear that the request allows for timely re-assessment of medication efficacy. As such, the request for Robaxin is non-certified.