

<b>Case Number:</b>	CM14-0013839		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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 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 patient is a 26 year-old female who has filed a claim for lumbar sprain associated with an industrial injury date of December 03, 2012. Review of progress notes indicates increasing pain in the thigh radiating to the left leg, knee, and foot associated with weakness, numbness, tingling, and a hot sensation. Findings include tenderness over the lumbar region, positive sacroiliac maneuvers bilaterally, positive straight leg raise test bilaterally, decreased lumbar range of motion, and decreased sensation at the L4 dermatomes bilaterally and at the L5 dermatome on the right. There is slightly decreased motor strength of the left knee extensors and big toe extensor. The patient has an antalgic gait. Treatment to date has included NSAIDs, opioids, muscle relaxants, Theramine, Medrox patches, topical analgesics, anti-depressants, sumatriptan, Ambien, physical therapy, chiropractic therapy, and home exercise program.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** As stated on CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. Patient has been on this medication since at least May 2013. There is no documentation regarding acute exacerbation of pain or of muscle spasms. Also, this medication is not recommended for long-term use. Therefore, the request for Robaxin 750mg #60 was not medically necessary.

**WEIGHT LOSS PROGRAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Screening for and management of obesity and adults: U. S. preventive services task force recommendations statement, June 2012.<http://www.uspreventiveservicestaskforce.org/uspstf11/obeseadult/obesers.htm>.

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, USPSTF was used instead. The U. S. preventive services task force recommends screening all adults for obesity. Intensive, multi-component behavioral interventions are recommended for patients with BMI of 30 or higher. 12 to 26 sessions in the first year is recommended. In this case, patient is obese with a BMI is 35. Patient has tried changing the diet, but has difficulty with engaging in any form of exercise. Although patient may benefit from a supervised weight loss program, the requested quantity or duration is not specified. Therefore, the request for weight loss program was not medically necessary.

**AMBIEN 10MG QHS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain chapter, Ambien (zolpidem tartrate).

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. According to ODG, Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that they may increase pain and depression over the long-term. Patient has been on this medication since at least May 2013. There is no recent documentation describing the patient's sleep issues. Also, this medication is not recommended for long-term use.

The requested quantity is not specified. Therefore, the request for Ambien 10mg was not medically necessary.

**MEDROX PATCHES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain chapter, Topical salicylates.

**Decision rationale:** An online search indicates that Medrox contains menthol 5%, capsaicin 0.0375%, and methyl salicylate 20%. California MTUS chronic pain medical treatment guidelines state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, there is no evidence to support use of capsaicin at a formulation of 0.0375%. Also, there is no documentation regarding intolerance to oral pain medications. The requested quantity is not specified. Therefore, the request for Medrox patches was not medically necessary.