MAXIMUS Federal Services

Case Number:	CM14-0057359		
Date Assigned:	07/09/2014	Date of Injury:	12/10/2012
Decision Date:	08/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/28/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 55-year-old male with a reported date of injury on 12/10/2012. The injury reportedly occurred when the injured worker lifted a box of computer parts and had an onset of right shoulder and neck pain. His diagnoses were noted to include right shoulder acromioclavicular joint arthritis and right shoulder rotator cuff strain versus impingement. His previous treatments were noted to include physical therapy and medications. The progress note dated 03/17/2014 revealed the injured worker complained of pain to his right shoulder, and denied any numbness and tingling. The injured worker revealed he had night pain that awakened him and he had pain specifically reaching for his seatbelt or opposite shoulder or overhead movement. The injured worker reported he continued to take muscle relaxants, which were non-beneficial as he felt unsteady side effects and was wondering if there were other muscle relaxants that did not have as significant of side effects. The physical examination revealed tenderness to palpation along the supraspinatus and acromioclavicular joint with a positive cross over test. The injured worker has a positive lift off test and a full range of motion with a painful arc. His strength was intact; however, he had pain with modified Yergason's and was distally and neurovascularly intact. The progress note dated 05/12/2014 revealed the injured worker complained of right shoulder pain and had reported he felt slow functional improvement with physical therapy; however, he did not report being consistent with his home exercise program. The injured worker revealed he was using ice, massage, and anti-inflammatory medication, which seemed to help mildly. The physical examination of the right shoulder reported no swelling or ecchymosis or deformity noticeable. There was tenderness to palpation along his acromioclavicular joint. There was a positive Hawkins noted, strength was intact, and distal neurovascular was intact. The request for authorization form was not submitted within the medical records. The request is for Custom Lipo-Max cream 240 grams with 1 refill QTY: 2.00;

however, the provider's rationale was not submitted within the medical records. The additional request is for Robaxin 750 mg QTY: 60.00 for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Custom Lipo-Max cream 240grams with 1 refill QTY:2.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for custom Lipo-Max cream 240 grams with 1 refill QTY: 2.00 is not medically necessary. Lipo-Max cream consists of diclofenac 3%/baclofen 2%/cyclobenzaprine 2%/lidocaine 2%. The California Chronic Pain Medical Treatment Guidelines primarily recommended topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The Guidelines state the efficacy in clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The Guidelines state topical NSAIDs are indicated for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment, and are recommended for short-term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The Guidelines state FDA approved agents are Voltaren gel 1% that is indicated for the relief of osteoarthritis pain in joints that lend themselves to topical treatment. The Guidelines state topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels, are indicated for neuropathic pain. The guidelines state baclofen is not recommended since there is no peer-reviewed literature to support the use of topical baclofen. The guidelines also state there is no evidence for use of a muscle relaxant as a topical product. Therefore, the ingredients in Lipo-Max are not recommended by the guidelines and additionally the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Custom Lipo-Max cream 240 grams with 1 refill QTY: 2.00 is not medically necessary.

Robaxin 750mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

Decision rationale: The request for Robaxin 750 mg QTY: 60.00 is not medically necessary. The injured worker has been taking muscle relaxants due to muscle spasms. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility; however, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. There was a lack of documentation regarding muscle spasms to warrant Robaxin. The injured worker indicated the previous muscle relaxant was not helping and the Guidelines state efficacy appears to diminish over time and the injured worker has been taking muscle relaxants for over 6 months. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Robaxin 750 mg QTY: 60.00 is not medically necessary.