

<b>Case Number:</b>	CM14-0134970		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	12/17/1998
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 69 year old male, who sustained an industrial-work injury on 12-17-98. He reported initial complaints of bilateral knee pain. The injured worker was diagnosed as having status post left knee arthroscopy and severe DJD (degenerative joint disease). Treatment to date has included medication, surgery (right knee arthroscopy with partial medial meniscectomy and lateral meniscectomy, chondroplasty, and synovectomy on 8-12-03, and home exercise program (HEP). X-rays were reported on 8-17-99 to demonstrate severe degenerative joint disease. Currently, the injured worker complains of pain to right shoulder and left ankle pain with on and off flare-ups. Symptoms are decreased with medication and home exercise program. Per the primary physician's progress report (PR-2) on 7-11-14 exam noted tenderness to medial and lateral joint lines, positive patellar compression and grind tests, positive McMurray's, left greater than right, decreased range of motion, and no laxity. Current plan of care includes topical and oral medication for pain management. The Request for Authorization requested service to include Robaxin 750mg, #60 and Biofreeze apply BID 1 tube 3 refills. The Utilization Review on 8-14-14 denied the request for Robaxin 750mg, #60 and Biofreeze apply BID 1 tube 3 refills.

### 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 Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The request is for Robaxin, a muscle relaxant indicated for short-term use in cases of acute muscle spasm and spasticity. Most muscle relaxants have their greatest effects in the first 3-4 days of use and are not indicated for use beyond 2-3 weeks. In this case, there is no evidence of acute muscle spasm or spasticity. Muscle relaxants are not indicated for long-term use. Therefore, the request is not medically necessary or appropriate.

**Biofreeze apply BID 1 tube 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back (heat & cold packs).

**Decision rationale:** The request is for Biofreeze, a cryotherapy gel with the main ingredient of menthol. It is a non-prescription cooling agent indicated for acute pain. Its advantage over traditional ice packs is that it has a longer duration. In this case, the patient has multiple chronic orthopedic complaints, dating to 1998. Biofreeze is not indicated for chronic conditions; therefore, the request is not medically necessary or appropriate.