

Case Number:	CM14-0186833		
Date Assigned:	11/14/2014	Date of Injury:	05/17/2011
Decision Date:	01/30/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/10/2014

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 Family Practice and is licensed to practice in Utah. 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 54 year-old female. The patient's date of injury is 5/17/2011. The mechanism of injury is not stated in the clinical documents. The patient has been diagnosed with hip pain, left knee pain, low back pain, and congenital spondylolisthesis. The patient's treatments have included injections, physical therapy, and medications. The physical exam findings dated July 1, 2014 shows the patient in no apparent distress, with no deformity or scoliosis of the T or L spine, steady gait. There is pain upon palpation over the bilateral trochanter muscle. The patient's medications have included, but are not limited to, Robaxin, Ibuprofen, Ativan, Vistaril, Prozac, Atenolol, Hydroxyzine and topical analgesics. The request is for Robaxin and a topical compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg tabs 1-2 tabs po bid prn #120: Upheld

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

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

Decision rationale: MTUS guidelines state the following: Robaxin is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this

medication. MTUS states that treatment course should be brief. According to the clinical documents, the Robaxin requested is not being used for short-term therapy. The clinical documents also lack clear evidence of muscle spasm that would require a muscle relaxant at this time. Following the guidelines as listed above, there is no indication for the use of Robaxin. At this time, the request is not deemed as a medical necessity.

Gabapentin 6%, Diclofenac 3%, Baclofen 2%, Cyclobenz 2%, Bupivacaine 1% #1 Tube x 1:
Upheld

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

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

Decision rationale: The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS states Gabapentin is not recommended as a topical analgesic. Therefore, according to the guidelines cited, it cannot be recommended at this time. The request is not medically necessary.