

Case Number:	CM14-0202055		
Date Assigned:	01/27/2015	Date of Injury:	12/11/2012
Decision Date:	03/03/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/02/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic hand, wrist, and shoulder pain reportedly associated with an industrial injury of December 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; multiple prior shoulder surgeries; left and right carpal tunnel release surgery; and opioid therapy. In two separate Utilization Review Reports dated November 20, 2014, the claims administrator failed to approve requests for Robaxin and topical Dendracin lotion. The claims administrator referenced an RFA form dated October 10, 2014 in its determination. The applicant's attorney subsequently appealed. On May 8, 2014, the applicant reported persistent complaints of shoulder, forearm, and upper extremity pain. The applicant was using Percocet and Norco, it was acknowledged. The applicant had completed 20 sessions of physical therapy and unspecified amounts of acupuncture, it was acknowledged. The applicant was hypertensive, diabetic, and asthmatic, it was acknowledged. Gabapentin was endorsed, along with Butrans patches and urine drug testing. The applicant was asked to continue acupuncture. The applicant's work status was not clearly outlined. On July 15, 2014, Duragesic patches were endorsed, along with Voltaren gel. On November 11, 2014, the attending provider again suggested that the applicant employ fentanyl, try Robaxin, and employ Dendracin lotion for ongoing complaints of shoulder and forearm pain. The applicant's work status was not clearly outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin Tab 750 MG #90: Upheld

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

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

Decision rationale: While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Robaxin are recommended with caution as second-line options for short-term treatment of acute exacerbations of chronic low back pain, in this case, however, the 90-tablet supply of Robaxin at issue represents chronic, long-term, and/or scheduled usage of the same. It was further noted that the applicant's primary pain generators here are the shoulder and forearm as opposed to the low back. The request, thus, as written, is at odds with MTUS principles and parameters. Therefore, the request is not medically necessary.

Dendracin Lotion 120 ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin Page(s): 28. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Dendracin Medication Guide

Decision rationale: Dendracin, per the National Library of Medicine, is an amalgam of methyl salicylate, menthol, and capsaicin. Page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, however, notes that capsaicin, the tertiary ingredient in the compound, is not recommended except as a last-line agent, for applicants who have not responded to or are intolerant of other treatments. Here, there was no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of capsaicin-containing Dendracin lotion at issue. Therefore, the request is not medically necessary.