

Case Number:	CM15-0130579		
Date Assigned:	08/18/2015	Date of Injury:	04/15/1991
Decision Date:	09/15/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/07/2015

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: Arizona, California

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 58-year-old male worker who sustained an injury on 4-15-91. The initial symptoms and complaints are not part of the medical records. An evaluation dated 2-9-15 states the IW presents with left knee pain and is recovering from surgery in his right foot with post-operative infection. On 5-7-15 an orthopedic exam reports the IW has left knee pain that are described as mild and improving. In addition, a cortisone injection was given to sinus tarsi right ankle. A PR2 from 5-13-15 reports the IW has continued pain in the neck and low back. Muscle spasms in the thighs make it difficult to walk. Pain is rated 8 out of 10 without medication but decreases to 4 out of 10 with medication. The pain is being managed by the use of medication and with medications; he is able to perform light cleaning and shopping. Diagnoses include status post cervical fusion revision, chronic low back pain with radiculopathy, bilateral carpal tunnel syndrome, Lumbar spine degenerative disc disease, and cervical spine degenerative disc disease. Medications recommended include MS Contin 15 mg one table three times daily #90 for pain, Voltaren gel, and Robaxin 750 mg two tablets twice daily #120 for muscle spasms. A progress report from 6-29-15 documents the IW has continued low back and neck pain and some thigh muscle spasm causing difficulty walking. In addition, the pain is graded as 4 out of 10 with medication and 8 out of 10 without medication. Current requested treatments include 1 prescription Robaxin 750 mg #120, 1 prescription of Voltaren gel #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Robaxin 750mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Robaxin, muscle relaxants.

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

Decision rationale: According to the guidelines, muscle relaxants such as Robaxin are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP 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. In this case, the claimant had been on Robaxin along with MSContin and topical Voltaren (an NSAID that can reach system is levels similar to oral NSAIDs) for several months. Continued use of Robaxin is not medically necessary.

1 prescription of Voltaren gel #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, 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. Voltaren gel is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In this case, the claimant had been on the gel for several months and recently in combination with MSContin. There are diminishing effects after 2 weeks. The chronic use of Voltaren gel is not medically necessary.