

<b>Case Number:</b>	CM15-0015468		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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 66 year old male, who sustained an industrial injury on 01/12/2012. The diagnoses have included cervical pain, cervical strain, wrist pain, spasm of muscle, and cervical radiculopathy. Treatments to date have included psychological therapy sessions, acupuncture, home exercise program, cervical epidural steroid injection, and medications. Diagnostics to date have included cervical MRI on 10/31/2012 which showed C5-6 severe left and moderate to severe right foraminal stenosis due to 2-3mm circumferential disc bulge and uncovertebral hypertrophy, C4-C5 moderate disc degenerative with broad central 2mm disc protrusion, and C6-7 moderate disc degenerative and moderately severe bilateral foraminal stenosis. In a progress note dated 01/23/2015, the injured worker presented with complaints of neck pain. The treating physician reported a trial Flector patch for topical pain and inflammation and trial Robaxin for muscle spasms. Utilization Review determination on 01/13/2015 non-certified the request for Robaxin 500mg #60 and Flector 1.3% patch #30 citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 68.

**Decision rationale:** According to the MTUS guidelines, muscle relaxants are to be used 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. In this case the claimant had been on Robaxin for over a month in combination with Norco. Pain improved from 10/10 to 8/10. There was no indication of NSAID or Tylenol failure. Continued use of Robaxin is not medically necessary.

**Flector 1.3% patch #30:** 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): 111-112.

**Decision rationale:** As an option as indicated below. They 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. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. 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. In this case, the claimant has been prescribed a Flector for over a month. The claimant had been on topical NSAIDs (Pennsaid) and topical Lidocaine for over 5 months. There is limited evidence to support long-term use of Flector and topical analgesics/NSAIDs. The Flector patch is not medically necessary.