

Case Number:	CM15-0118163		
Date Assigned:	06/26/2015	Date of Injury:	04/20/2010
Decision Date:	07/28/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/18/2015

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 31 year old male, who sustained an industrial injury on 04/20/2010 secondary to a motor vehicle collision resulting in back and leg pain. On provider visit dated 06/03/2015 the injured worker has reported low back pain. The injured worker was noted to be 2 months post-op from T12-L1 posterior spine fusion with extreme lateral interbody fusion. On examination he was noted to be neurologically intact into the lower extremities, he has increased muscles spasm upon palpation along the paraspinal muscles posteriorly, tenderness along the left sided lateral incision. The diagnoses have included arthrodesis status. Treatment to date has included brace, medication, acupuncture, yoga and surgical intervention. The provider requested Ketoprofen patch and Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Ketoprofen patch 1.3% with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal antiinflammatory agents (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical Ketoprofen is an NSAID. 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 does not have the above diagnoses. Topical NSAIDs can reach systemic levels similar to oral NSAIDs. The claimant continued to require Percocet orally. The request for topical Ketoprofen with 3 refills exceeds the time frame of use recommended. Therefore, this request is not medically necessary.

30 Robaxin 750mg: 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): 63.

Decision rationale: According to the guidelines, muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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 already been on other muscle relaxants the prior months (Flexeril) in combination with NSAIDs. Continued and chronic use of muscle relaxants such as Robaxin is not medically necessary.