

<b>Case Number:</b>	CM15-0120196		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	03/08/2013
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 injured worker is a 34 year old female with an industrial injury dated 03/08/2013. The injured worker's diagnoses include chronic myofascial sprain and strain of the cervical spine, cervical spine of degenerative disc disease and cervical radiculopathy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 04/21/2015, the injured worker reported neck and left shoulder pain radiating into the upper extremity. The injured worker rated pain 6/10 with medication and 8/10 without medication. Objective findings revealed tenderness to palpitation over the cervical spine and left shoulder. Treatment plan consist of medication management and diagnostic studies. The treating physician prescribed Robaxin 750mg #30 with 2 refills and Dendracin 120ml x 2 refills now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750mg #30 with 2 refills:** Upheld

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

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

**Decision rationale:** is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The documentation indicates that the patient has been on Robaxin. The request for 3 refills is not accordance with the MTUS guidelines recommendation that this is a second line option for short term treatment of acute exacerbations of pain. The documentation indicates that the patient has chronic pain (not an acute exacerbation). The documentation does not support the medical necessity of continued long-term Robaxin use and therefore this medication is not medically necessary.

**Dendracin 120ml with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113 and 9792.20. Medical Treatment Utilization Schedule-Definitions (f)-functional improvement page 1. Decision based on Non-MTUS Citation <http://www.drugs.com/sfx/dendracin-side-effects.html> and <http://www.drugs.com/mtm/benzocaine-topical.html>.

**Decision rationale:** Dendracin 120ml with 2 refills) is not medically necessary per the MTUS Guidelines and a review online of benzocaine and Dendracin. Dendracin contains methyl salicylate/benzocaine/menthol. Per MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS guidelines states that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Salicylate topicals are recommended by the MTUS and Dendracin contains methyl salicylate. Benzocaine per a review online of this topical agent is a local anesthetic. The MTUS guidelines do not specifically discuss menthol. There is mention of Ben-Gay in the MTUS, which has menthol in it and is medically used per MTUS for chronic pain. The MTUS states that 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. The documentation does not indicate that the patient is intolerant to oral medications or has failed anticonvulsants or antidepressants or that prior Dendracin has caused significant evidence of objective functional improvement per the MTUS therefore the request for Dendracin is not medically necessary.