

Case Number:	CM15-0123337		
Date Assigned:	07/07/2015	Date of Injury:	07/18/2011
Decision Date:	07/31/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/25/2015

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 64-year-old female with an industrial injury dated 07/18/2011. The injured worker's diagnoses include right knee internal derangement and left medial meniscus tear knee. Treatment consisted of diagnostic studies, prescribed medications, gym exercises and periodic follow up visits. In a progress note dated 06/02/2015, the injured worker reported going to the gym, can only use bike and having to take more pain meds as a result. The injured worker reported 60% pain relief with meds. Objective findings revealed no effusion and better synchrony in walking and rising from chair. Some documents within the submitted medical records are difficult to decipher. The treatment plan consisted of continuation of gym exercises and medication management. The treating physician prescribed Robaxin 500mg #90 and Flector patches #30 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #90: 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 (for pain) Page(s): 63.

Decision rationale: Robaxin 500mg #90 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 chronic pain (not an acute exacerbation). The documentation does not support the medical necessity of long-term muscle relaxants and there is no indication that this patient's muscle relaxants are being used short term for acute exacerbations. The request for Robaxin is not medically necessary.

Flector patches #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 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Flector ½ patch (diclofenac epolamine).

Decision rationale: Flector Patches #30 are not medically necessary per the MTUS guidelines. Flector patch is a topical patch that contains the non-steroidal anti-inflammatory (NSAID) Diclofenac, which 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. The ODG states that Flector patch is FDA indicated for acute strains, sprains, and contusions. (FDA, 2007) On 12/07/09, the FDA issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac. The documentation indicates that the patient has chronic pain, specifically knee and low back pain. This medication is not indicated for chronic pain and there are no extenuating factors necessitating its use. For all of this reason the request for Flector Patch is not medically necessary. ODG- Pain (chronic) Flector patch (diclofenac epolamine) Topical analgesics 111-113.