

<b>Case Number:</b>	CM15-0074124		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	12/16/2008
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, 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 36 year old female, who sustained an industrial injury on 12/16/2008. The mechanism of injury is unknown. The injured worker was diagnosed as having prior drug overdose, lumbar disc degeneration, sciatica, radiculitis, spondylosis, spasm and lumbar sprain. There is no record of a recent diagnostic study. Treatment to date has included epidural steroid injection, physical therapy and medication management. In progress notes dated 3/5/2015 and 3/20/2015, the injured worker complains of low back pain. The treating physician is requesting Hysingla ER, Flurbiprofen/Lidocaine compounded cream and Robaxin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound Cream: Flurbiprofen 20%/Lidocaine 5% (3-4 Times Daily) Qty 300 Grams (Prescribed 3-20-15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of chronic pain. Therefore, Compound Cream: Flurbiprofen 20%/Lidocaine 5% (3-4 Times Daily) Qty 300 Grams (Prescribed 3-20-15) is not medically necessary.

**Robaxin 750 mg (3 Times Per Day) Qty 180 with 5 Refills (Prescribed 3-20-15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

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

**Decision rationale:** According to MTUS guidelines, Robaxin, non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm or that he was experiencing an acute exacerbation of pain. There is no clear documentation of the efficacy of previous use of Robaxin (the patient had been prescribed Robaxin on an ongoing basis for long time). The request for Robaxin 750 mg (3 Times Per Day) Qty 180 with 5 Refills (Prescribed 3-20-15) is not medically necessary.