

Case Number:	CM14-0143944		
Date Assigned:	09/12/2014	Date of Injury:	07/01/2008
Decision Date:	10/22/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Ohio and Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47-year-old female who reported injury on 07/01/2008 caused by an unspecified mechanism. The injured worker's treatment history included medications, topical creams, urine drug screen, surgery, x-ray of the lumbar spine, MRI studies and physical therapy sessions. The injured worker was evaluated on 08/19/2014 and it was documented the injured worker complained of constant severe thoracic spine pain rated 7/10 to 8/10 on the VAS pain scale. The injured worker complained of constant moderate to moderately severe lumbar spine pain at the T12-L1 area, rated at 7/10 to 8/10 on the VAS pain scale with radiation to the bilateral lower extremity down into the inguinal area, with associated numbness and tingling to the left leg; spasms over the lumbar spine on the left side in the thoracic spine; intermittent right knee pain; moderate left knee pain, rated 4/10 to 5/10 on the VAS pain scale; experiencing abdominal pain and tenderness; complained of anxiety, depression, stress and insomnia. Objective findings: lumbar spine range of motion was restricted, flexion 35/60 degrees, extension 5/25 degrees, right lateral bend 10/25 degrees, and left lateral bend 5/25 degrees; marked "TTP" over the T12-L1 area; radicular pain in the bilateral inguinal areas; lower left extremity motor strength testing; weakness in the hip flexor muscle group bilateral at 4/5; sensory deficit in the bilateral inguinal areas; difficulty rising from a seated position; gait was slow and guarded. Diagnoses included: S/P multiple paraspinal operations; residual LE weakness and pain; bilateral knee ecchymosis and abrasions; left elbow ecchymosis and abrasions; epigastric pain; anxiety, depression and generalized distress. Medications included: Motrin 800 mg; Prilosec 20 mg; Robaxin 750 mg; Norco 10/325 mg; Flurbiprofen 20% cream; Ketoprofen 20%, Ketamine 10% cream; and Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% cream. The Request for Authorization dated 08/19/2014 was for Robaxin and topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant & Robaxin Page(s): 63-65.

Decision rationale: According California (MTUS) Chronic Pain Medical Guideline recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The guidelines also state Robaxin, the mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. This drug was approved by ██████ in 1957. The documentation submitted lacked evidence of outcome measurements of conservative care such as prior physical therapy sessions and medication pain management. There was lack of documentation provided on her long term-goals of functional improvement of her home exercise regimen. In addition, the request lacked frequency, and duration and quantity of the medication. As, such, the request for Robaxin 750 mg is not medically necessary.

Flurbiprofen 20% cream 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Flurbiprofen Page(s): 111; 72.

Decision rationale: The requested is not medically necessary. The California MTUS indicates topical analgesics 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....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. This agent is not currently ██████ approved for a topical application. ██████ approved routes of administration for Flurbiprofen include oral tablets and ophthalmologic solution. Additionally, the request failed to include quantity, frequency and location where topical should be applied. As such the request, for Flurbiprofen 20% cream 120 gm is not medically necessary.

Ketoprofen 20%, Ketamine 10% cream 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Topical Analgesics; Ketamine Page(s): 111; 112; 113.

Decision rationale: The request is not medically necessary. California MTUS indicates Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of Ketoprofen: This agent is not currently [REDACTED] approved for a topical application. The compound also included topical Ketamine which is under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. The guidelines do not recommend Ketoprofen and as such the use of the compound would not be supported. As such the request, for Ketoprofen 20%, Ketamine 10% cream 120 gm is not medically necessary.

Gabapentin 10%, Cyclobenzaprine 10%, Capsaicin 0.0375% cream 120gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Topical Analgesics; Gabapentin ; Topical Capsaicin Page(s): 41; 111; 113; 28.

Decision rationale: The request is not medically necessary. CA MTUS states that topical analgesics are "Largely experimental in use with few randomized control trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended....Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments....There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy...Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Other anti-epilepsy drugs: There is no evidence for use of any other anti-epilepsy drug as a topical product...do not recommend the topical use of Cyclobenzaprine as topical muscle relaxants as there is no evidence for use of any other muscle relaxant as a topical product...The addition of Cyclobenzaprine to other agents is not recommended". Given the above, the request for 1 prescription for Gabapentin/Cyclobenzaprine/Capsaicin 10/10/0.0375% 120gm is not medically necessary.