

Case Number:	CM13-0013061		
Date Assigned:	09/19/2013	Date of Injury:	08/02/2011
Decision Date:	01/22/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in District of Columbia, Maryland, and Delaware. 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 physician 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 patient is a 45-year-old male who fell 8 feet from a ladder on 8/2/11. He has pain in multiple areas including low back, neck and right hand. Treatment has included hand splint, SI injection, physical therapy and medication. The concern is whether Robaxin and Norco are medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 34 and 74-75.

Decision rationale: There seems to be sufficient documentation and rationale for prescribing the Norco in this circumstance. It does appear to be medically necessary and appropriate

Robaxin 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodic Page(s): 64.

Decision rationale: Antispasmodics are indicated for short-term therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Thus, Robaxin is not medically necessary and appropriate in this circumstance.