

<b>Case Number:</b>	CM13-0039089		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/13/2012
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### 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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine and is licensed to practice in District of Columbia. 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 33 year old female injured worker with date of injury 10/13/12 with related posterior neck pain. She has been diagnosed with cervical strain, lumbar strain with mild scoliosis, right knee strain and insomnia. The cervical MRI dated 1/15/13 revealed 3 mm broad posterior protrusion indenting cord greater on left with moderate central canal stenosis, mild neural foraminal stenosis at C3-C4; 2 mm lateralizing bulge greater on right with right greater than left neural foraminal stenosis. She has been treated with chiropractic rehab, cervical epidural steroid injection, and TENS unit. She is refractory to physical therapy and medications. The date of UR decision was 9/3/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750mg #60:** 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 Relaxants Page(s): 63-65.

**Decision rationale:** The California MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. This patient is being treated for neck pain, not chronic low back pain. Per 8/16/13 supplemental report on pain management progress, the injured worker states that the Robaxin she was receiving was no longer helping her. She was then started on Tizanidine. The request is not medically necessary.

**Norco 10/325mg #60:** Overturned

**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 Opioids Page(s): 74, 88.

**Decision rationale:** Upon review of the submitted medical records, there is evidence that with this medication the injured worker experiences a decrease of pain by greater than 50% while preserving her functional capacity in her ADLs and ambulation. She denies any adverse effects from her medications. The MRI dated 1/15/13 shows moderate cervical stenosis. Urine toxicology review performed 3/14/13 was consistent with prescribed medications. The request is medically necessary.