

Case Number:	CM13-0041980		
Date Assigned:	12/20/2013	Date of Injury:	05/29/2005
Decision Date:	09/05/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/15/2013

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 Pain Management and is licensed to practice in California. 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 46-year-old female who has a long history of reported right wrist/upper extremity condition. She sustained right wrist injury on May 29, 2005 while doing her usual and customary duties. The mechanism of injury was as follows: Her right hand was trapped by a safe drawer while putting money into a change drawer. She has a history of four stellate ganglion blocks and several surgeries in the right upper extremity including wrist arthrodesis. However, she still has ongoing pain including pain over the hardware. Per a September 16, 2013 progress report, the injured worker presents to her provider's office due to continued pain in her right wrist with associated use. Additionally, she had some skin breakdown over the dorsal aspect of her wrist and stated that she could not see a screw. On examination, tenderness was noted over the dorsum of the right wrist. There was some evidence of active granulation of previous soft tissue breakdown over the dorsum of the right wrist directly over a palpable hardware screw which is evidently healing with no signs of infection. She is diagnosed with status post multiple surgical procedures of the right upper extremity, persistent right wrist pain, status post right wrist fusion, post surgical fall with fractures of the left upper canine and pre-molar, and post surgical soft tissue instability dorsum of right wrist directly over retained hardware. This is a review regarding the previously denied Robaxin 500 milligrams twice a day as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROBAXIN 500MG, TWO (2) TIMES PER DAY AS NEEDED: 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: According to evidence-based guidelines, only non-sedating muscle relaxants are recommended as a second-line option for short treatment of acute exacerbations of pain. Robaxin (methocarbamol) is considered as a sedating muscle relaxant and most recent documentation do not indicate any acute pain or exacerbation of chronic pain in this case. Also, a prior sedating muscle relaxant (Flexeril) was also denied because of the same reason. There is no provided overriding rationalization or justification to support long-term use of sedating muscle relaxants. Therefore, the requested Robaxin 500 milligrams twice a day is not medically necessary.