

Case Number:	CM13-0044178		
Date Assigned:	06/09/2014	Date of Injury:	06/07/2000
Decision Date:	07/14/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/28/2013

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 Internal Medicine 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 68 year old female injured on 06/07/00 while administering a driving test she was involved in an automobile related incident. Current diagnoses included failed back surgery syndrome of the cervical spine, cervical radiculopathy, myalgia/myositis, chronic pain due to trauma, and neck pain. The injured worker presented on 10/01/13 reporting bilateral head, scalp, anterior neck, lateral neck, and posterior neck pain described as aching, discomforting, sharp, stabbing, and throbbing. The injured worker attempted heating pad, ice, narcotic analgesics, TENS (Transcutaneous Electrical Nerve Stimulation) unit, acupuncture, physical therapy, and chiropractic therapy. The injured worker rated her pain at 7/10 on VAS (Visual Analog Scales). The injured worker underwent cervical epidural steroid injection on 03/27/13 with approximately three weeks pain relief. The injured worker was taking approximately five to six Percocet per day and was requesting additional treatment modalities due to dependence. Current medications included Methocarbamol, vitamin C, Sumatriptan, daily vitamins, Senna, Percocet 10-325mg Q four to five hours, Colace, Topiramate 25mg two tabs BID (Twice a day), venlafaxine 150mg BID (Twice a day), Imitrex 25mg PRN (as needed), Robaxin 750mg Q four hours, and Dilantin QHS (At Every Bedtim). The initial request for Robaxin 750mg #120 was initially non-certified on 10/21/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROBAXIN 750MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63. Decision based on Non-MTUS Citation ODG Pain Chapter, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Muscle relaxants (for pain) Page(s): 63.

Decision rationale: As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the request of Robaxin 750mg #120 is not medically necessary and appropriate.