

<b>Case Number:</b>	CM13-0058115		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Occupational 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 patient is 35-year-old male who has submitted a claim for acute cervical strain, low back pain, right shoulder sprain, headaches, anxiety, depression and sleep difficulties associated from an industrial injury date of January 23, 2013. Medical records from 2013 were reviewed, the latest of which dated October 24, 2013 revealed that the patient comes in for follow up regarding headaches and pain that affects his cervical spine and right hand. He reports improvement in his pain level from 6/10 to 2-3/10 after taking medications. On physical examination, there is limitation in range of motion of the cervical spine. There was tenderness noted over the trapezius and paravertebral muscles bilaterally. Shoulder depression test was positive. Treatment to date has included physical therapy, and medications that include Norco, Robaxin, diclofenac and Bio-Therm topical cream. Utilization review from November 22, 2013 denied the request for Robaxin (Methocarbamol 750 mg) tablets #60, one tablet by mouth every 6-8 hours as needed for spasm and modified the request for Consultation with Pain Management Specialist for possible cervical spine injection to consultation only with management. Reasons for denial and modification were not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ROBAXIN (METHOCARBAMOL 750 MG) TABLETS #60, ONE TABLET BY MOUTH EVERY 6-8 HOURS AS NEEDED FOR SPASM:** 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): 63-66.

**Decision rationale:** As stated on pages 63-66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, 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, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient has been on Robaxin since April 2013 for muscle spasm. In the most recent clinical evaluation, there is no documented spasm. Moreover, extension of treatment is beyond guideline recommendation. Therefore, the request for Robaxin (Methocarbamol 750 mg) tablets #60, one tablet by mouth every 6-8 hours as needed for spasms is not medically necessary.

#### **CONSULTATION WITH PAIN MANAGEMENT SPECIALIST FOR POSSIBLE CERVICAL SPINE INJECTION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Independent Medical Examinations and Consultations, pages 127, 156.

**Decision rationale:** As stated on pages 127, 156 of the ACOEM Practice Guidelines, 2nd Edition (2004) referenced by CA MTUS, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The CA MTUS Chronic Pain Medical Treatment Guidelines state that the criteria for epidural steroid injections include the following: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment; and no more than two nerve root levels should be injected using transforaminal blocks. In this case, consultation with pain management specialist was requested to address the cervical symptoms. However, the most recent clinical evaluation has insufficient subjective and objective findings pertaining to the cervical region. Furthermore, guideline criteria for cervical spine injection were not met. Therefore, the request for Consultation with Pain Management Specialist for possible cervical spine injection is not medically necessary.