

Case Number:	CM13-0062156		
Date Assigned:	12/30/2013	Date of Injury:	01/01/2007
Decision Date:	04/11/2014	UR Denial Date:	11/16/2013
Priority:	Standard	Application Received:	12/06/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and bilateral wrist pain reportedly associated with an industrial injury of January 1, 2007. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; unspecified amounts of acupuncture, physical therapy, and massage therapy over the life of the claim; prior cervical discectomy and fusion surgery; muscle relaxant; opioids; and a TENS unit. In a Utilization Review Report of November 16, 2013, the claims administrator denied a request for massage therapy, denied a request for Robaxin, and approved a request of 16 sessions of acupuncture. The applicant's attorney subsequently appealed. An October 16, 2013 progress note is notable for comments that the applicant reports heightened neck pain. The applicant is status post cervical discectomy and fusion surgery. The applicant is on morphine, Neurontin, Robaxin, and tramadol. Her pain ranges from 4-8/10. The applicant is on Adderall for ADHD, it is further noted. It is stated that the applicant has had 12 prior sessions of massage therapy. An additional 12 treatments are sought while Robaxin, tramadol, and a replacement TENS unit were also prescribed. The applicant's work and functional status are not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 48 prescription for Robaxin 750mg between 10/8/2013 and 12/22/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended "with caution" as a second-line option for short-term treatment of acute exacerbations of chronic low back. Muscle relaxants and Robaxin are not recommended on a chronic, long-term, and/or scheduled use basis for which it is seemingly being proposed here. In this case, the attending provider has not proffered any applicant-specific rationale, narrative, or commentary so as to try and offset the unfavorable MTUS recommendation. It is further noted that the applicant does not appear to have effected any lasting benefit or functional improvement despite ongoing usage of Robaxin. The applicant does not appear to have returned to work. The applicant remains highly reliant on various medications and medical treatments, including massage treatment, morphine, Neurontin, Robaxin, tramadol, acupuncture, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Robaxin. Therefore, the request is not certified, on Independent Medical Review.

Request for 1 extension of 12 neuromuscular massage therapy sessions between 10/8/2013 and 12/22/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: The Expert Reviewer's decision rationale: As noted on pages 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage treatment should be recommended only as an adjunct to other recommended treatments such as exercise and should be limited to more than four to six visits in most cases. In this case, the applicant has already had prior treatment in 2013 alone (12 sessions), seemingly in excess of the four- to six-session Guideline. There is no evidence of functional improvement which would support further treatment beyond the Guideline. The applicant remains highly reliant on various medications and medical treatments, including Robaxin, morphine, tramadol, acupuncture, massage, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of prior massage therapy in excess of that suggested on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is likewise not certified, on Independent Medical Review