

Case Number:	CM13-0063294		
Date Assigned:	12/30/2013	Date of Injury:	06/30/2003
Decision Date:	06/11/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine and Rehabilitation, has a subspecialty 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:

This is a patient with a date of injury of 6/30/03. A utilization review determination dated 10/31/13 recommends non-certification of Robaxin and quazepam. 11/8/13 medical report identifies a history of left shoulder rotator cuff repair with ongoing AC joint arthritis, impingement, and biceps tear, ACDF C5-7 in 2006, multilevel cervical spondylosis, foraminal narrowing, and facet syndrome. Comorbidities include bilateral knee injuries, hypertension, OSA, bilateral carpal tunnel syndrome, and left ulnar neuropathy, as well as reactive depression, anxiety, and occipital neuralgia. On exam, there is limited cervical spine ROM. A PHQ-9 27/30 indicates severe depression. The provider notes that the patient is to have upcoming surgery and he does not believe it is an opportune time to discontinue the medications. Previous medications to help with sleep have been ineffective, but the addition of quazepam has resulted in much better sleeping. Robaxin should be authorized per the provider as the patient has cervical myofascial pain and discontinuation of the current muscle relaxants will cause worsening in his symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROBAXIN 750MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Robaxin 750mg, CA MTUS Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Robaxin 750mg is not medically necessary.

QUAZEPAM 15MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: Regarding the request for Quazepam 15mg, CA MTUS Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use and most guidelines limit their use to 4 weeks. Within the documentation available for review, it is noted that the patient is said to obtain better sleep from use of this medication, but as the CA MTUS recommends against long-term use, there is no clear indication for its continued usage. In light of the above issues, the currently requested Quazepam 15mg is not medically necessary.