

Case Number:	CM13-0064272		
Date Assigned:	01/15/2014	Date of Injury:	01/23/2003
Decision Date:	06/09/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/11/2013

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 Emergency 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 has a date of injury of 1/23/2003. No mechanism of injury was provided. As per primary treating physician report, the patient has a diagnosis of overuse syndrome in both upper extremities with multiple surgeries, ulnar transposition on right arm, bilateral carpal tunnel release and bilateral de Quervain's tunnel release. Multiple medical reports from primary treating physician and consultants reviewed. Several of the reports were hand written progress notes that were very brief and several reports were not relevant to this review. The documentation of the provided notes are lacking details. As per provided notes, patient complains of bilateral hand and wrist pain. No other characteristics or severity of pain was provided. Objective exam is very brief only stating diminished sensation to first through third finger in bilateral hands. No imaging related to hands was provided. The patient appears to be on Robaxin chronically with earlier reports from 8/31/12 noting Robaxin use.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROBAXIN 750MG, # 180 X 2, WITH 6 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-65.

Decision rationale: As per MTUS Chronic pain guidelines, there may be some utility in muscle relaxant use in back pain and a few other muscle related pain diseases. It is only recommended for short term use. There is no documentation to support the use of Robaxin in this patient. This patient has wrist and hand pains. There is no documentation of muscles spasms. The patient has been using this medication chronically and the large amount of tablets and refills shows no signs of tapering this medication. The way it is being used is medically not recommended and not medically necessary.