

Case Number:	CM13-0065618		
Date Assigned:	01/03/2014	Date of Injury:	09/17/2012
Decision Date:	04/18/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/13/2013

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 Neurology, has a subspecialty in Neuromuscular 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 claimant is a 46-year-old man who sustained a work-related injury on September 17, 2012. Subsequently the patient developed chronic right shoulder pain. According to a note dated on November 12, 2013, the patient pain rate was 4/10 with pain medications. His physical examination right shoulder pain with reduced range of motion, low back and pain. The provider requested authorization to Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION FOR ROBAXIN 750MG #60 BETWEEN 11/18/2013 AND 1/17/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants,(for pain).

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

Decision rationale: According to MTUS guidelines, Robaxin, non-sedating muscle relaxants, is recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent

evidence of spasm and the prolonged use of Robaxin is not justified. The request for prospective request for 1 prescription for Robaxin 750mg #60 between 11/18/2013 and 1/17/2014 is not medically necessary.