

Case Number:	CM13-0070807		
Date Assigned:	01/08/2014	Date of Injury:	07/14/2009
Decision Date:	04/21/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/26/2013

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 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:

Patient has a date of injury on 7/14/09. Mechanism of injury is described as overuse syndrome with a history of pain prior to the specified date of injury. Specified date of injury is when pain got worst and needed medical attention. The patient has been diagnosed with cervical strain, thoracic sprain, head and neck symptoms, myositis/myalgia, tenosynovitis of upper extremity, medial and lateral epicondylitis, carpal tunnel syndrome, and ulnar nerve lesion. The patient is also noted to have depression and a diagnosis of fibromyalgia. Multiple medical records were reviewed from the patient's primary treating physician and consultants. Records show that the patient has complains of neck stiffness and pain radiating to upper extremity with numbness and tingling with the left side worst than the right side. In addition, records show bilateral elbow/wrist and hand numbness and tingling; mid and low back pain and bilateral shoulder pain with popping and grinding. The patient also has generalized total body pains and poor sleep. The patient's objective exam revealed normal exam and normal gait. Patient has multiple tender trigger points and noted to have poor grip strength but normal strength and neurological exam. The patient had a negative Tinel, Phalen and Finkelstein test as well as a negative Adson test the lower extremity exam was normal. The patient has undergone physical therapy and epidural injection. While no medication list was provided, review of the records; show that the patient appears to be on topical medications, Norco, Cymbalta, Robaxin, and Sonata for sleep. The treating physician has requested Norco and Robaxin. The utilization review recommended non-certification of Robaxin and certified Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROBAXIN 750MG #120: 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 (for pain) Page(s): 64-66.

Decision rationale: Robaxin is an anti-spasmodic muscle relaxant. Per the Chronic Pain Medical Treatment Guidelines, Robaxin has very little data published as to the effectiveness of this medication. The guidelines recommend a short course of treatment due to side effects and decreasing effectiveness over time for muscular skeletal pain. There is evidence to support the use of Cyclobenzaprine (another anti-spasmodic) in patients with fibromyalgia but there is no data to support the use of Robaxin for a similar diagnosis. The patient has a history of fibromyalgia and other pain related problems however; the patient has been chronically on Robaxin with no reported improvement in symptoms. The guidelines state that muscle relaxants should be used for short-term muscle pains. In addition, there is no evidence to support the use of the type of muscle relaxant for patient's fibromyalgia. Therefore, the request for Robaxin is not medically necessary and appropriate.