MAXIMUS Federal Services

Case Number:	CM13-0071603		
Date Assigned:	01/08/2014	Date of Injury:	10/31/2012
Decision Date:	04/01/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	12/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in New York. 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 physician 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 is a 51 year old female with a date of injury of 10/31/2012. She sustained an injury to her hands, left upper and lower arm and upper back. The mechanism of injury repetitive injury of her wrists, hands and upper back working on the computer. The left shoulder was not accepted as an injured body part. On 12/13/2012 she had pain on palpation of the upper backleft wrist and left lateral epicondyle. On 11/27/2013 she complained of neck pain radiating to her left upper extremity and left shoulder pain. There was no cervical muscle spasm. Left shoulder Hawkin's and Neer's tests were positive. She has been treated with medications and physical therapy. She has a history of hypertension. She has been treated with physical therapy. A listed diagnosis was tendonitis of both wrists. She also has a past history of hypertension treated with medication (noted on 04/23/2013 and 07/02/2013).

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

Decision rationale: Only short term use of muscle relaxants as a second line treatment is recommended in MTUS Chronic pain. Long term use of muscle relaxants are not indicated. The request for 90 tablets suggests long term use. Also as used in this patient with Relaphen (NSAID), the addition of a muscle relaxant has no added therapeutic effect. Short term muscle relaxants for treatment of upper back spasm may be indicated but long term treatment with muscle relaxants is not consistent with MTUS ACOEM guidelines.

Relafen 750mg QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID)'S.

Decision rationale: There was no acute injury. The requested prescription for Relaphen is for chronic use as it's for 180 tables of the 750 mg dose tablets. The patient claimed repetitive use injury to her wrists, left arm and upper back. She has hypertension. MTUS Chronic pain notes that all NSAIDS have cardiovascular risks and there is a specific caution to use NSAIDS in patients with hypertension since NSAIDS raise the blood pressure. This patient has hypertension and not using Relaphen is consistent with MTUS guidelines.