

Case Number:	CM14-0006319		
Date Assigned:	03/03/2014	Date of Injury:	03/27/2003
Decision Date:	07/21/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/16/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 55-year-old male who has submitted a claim for chronic pain syndrome, anxiety, and depression associated with an industrial injury date of 03/27/2003. Medical records from 2013 were reviewed. Patient complained of pain at the neck and left hand. This resulted to difficulty working. Patient reported difficulty sleeping, and woke up 3 to 4 times a night. He was sedated during the day. Patient likewise complained of feelings of sadness, anxiety, and mood swings. Physical examination of the cervical spine revealed tenderness and limited range of motion. Left hand grip was weak. Sensation was diminished at the ulnar side of left hand. Brachioradialis reflex bilaterally was graded 0, right biceps reflex graded 1+ and left biceps reflex was 0. Treatment to date has included cognitive behavioral therapy, hand surgeries to the left 3rd and 4th DIP joints, physical therapy, and medications such as Norco, Effexor, Klonopin, Topamax, Robaxin, and venlafaxine. Utilization review from 12/27/2013 denied the request for Robaxin 750 mg because long-term use is not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROBAXIN 760 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

Decision rationale: As stated on page(s) 64-65 of Chronic Pain Medical Treatment Guidelines, methocarbamol (Robaxin) is used to decrease muscle spasm in conditions such as low back pain. Its mechanism of action is related to central nervous system depressant effects. In this case, patient has been prescribed Robaxin since October 2013. However, recent progress reports failed to document presence of muscle spasm. There is no compelling indication for Robaxin at this time. Therefore, the request for Robaxin 760mg is not medically necessary.