

Case Number:	CM14-0017979		
Date Assigned:	04/16/2014	Date of Injury:	02/29/2004
Decision Date:	06/30/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 54-year-old female who reported an injury on 02/29/2004. The mechanism of injury was cumulative trauma from typing and lifting. Her medication history included lisinopril, Synthroid, Lipitor, gabapentin, Robaxin, and Percocet as of 02/2013. There were written prescriptions for Percocet 10/325, Robaxin 750 mg one (1) by mouth every six (6) hours as needed for spasms, Prilosec 20 mg one (1) by mouth daily, Neurontin 600 mg one (1) by mouth three (3) times a day, Neurontin 300 mg one (1) by mouth three (3) times a day, Celebrex 200 mg one (1) by mouth daily. The DWC Form dated 01/27/2014 was strictly for medications. The diagnoses include neck, bilateral arms, bilateral hands, bilateral shoulders, bilateral knee, and low back pain. The documentation of 10/24/2013 revealed the injured worker had constant pain that was throbbing. The daily activities were limited secondary to pain. The DWC Form dated 01/27/2014 indicated the request for medications. There was no physical examination submitted for the date of the requested medications.

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 Page(s): 64-66.

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

Decision rationale: The Chronic Pain Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain and their use is recommended for less than three (3) weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 03/2013. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for Robaxin 750 mg #120 is not medically necessary.