MAXIMUS Federal Services

Case Number:	CM14-0118061		
Date Assigned:	08/06/2014	Date of Injury:	08/07/2001
Decision Date:	09/12/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/28/2014

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 Nevada. 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 records presented for review indicate that this 63-year-old female was reportedly injured on August 7, 2001. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 2, 2014, indicates that there are ongoing complaints of neck pain radiating to the left upper extremity. Current medications include Duragesic patches, Norco, Robaxin, amitriptyline, Colace, Lyrica, and Imitrex. There was reported to be no significant change from previous physical examinations. Diagnostic imaging studies of the cervical spine shows artifact of previous hardware without evidence of disc herniation at C2-C3 and C3-C4. A right sided paracentral disc osteophyte complex was noted at C5-C6 and right-sided foraminal stenosis at C6-C7. Previous treatment includes two cervical spine fusion. A request had been made for Robaxin and was not certified in the pre-authorization process on July 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Robaxin is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons, this request for Robaxin is not medically necessary.