

Case Number:	CM14-0153626		
Date Assigned:	09/23/2014	Date of Injury:	09/10/1996
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 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:

The injured worker is a 52-year-old female who sustained an injury on 09/10/96. She has major depressive disorder, widespread bodily pain, RSD and fibromyalgia with pain in her entire body, entire spine, neck, back, low back and all 4 limbs. On 8/19/14, the patient reported struggling with her injuries and restrictions, stating that both her hands were locked up. Objective examination suggested that she was very distressed and not able to care for her house or keep things in order. On 08/28/14, the patient rated her pain as 7/10 with medication and 10/10 without. She reported excessive sweating all the time and was having trouble sleeping. Objective examination revealed tenderness to palpation all over. EMG studies from 5/10/14 were suggestive of severe left carpal tunnel syndrome with complete sensory block at the wrist, and very minimal viable motor response with less than 10% of normal amplitude with a prolonged distal latency. She has atrophy of the thenar eminence with only a small amount of thumb abduction. There was demyelinating ulnar neuropathy at the elbows bilaterally as well, such that she has cubital tunnel syndrome, though without conduction blocking. She is status post spinal cord stimulator trial and failure. She is currently on Opana, Robaxin, Fetzima, Vyvanse, Wellbutrin XL, Abilify, Zoloft, Trazadone, Seroquel XR, Clonidine and Levothyroxine. Previously when denied her medications she turned more severely depressed and reported withdrawal symptoms. Her diagnoses include major depressive disorder, generalized anxiety disorder, CRPS/RSD RUE spreading to entire body, four limbs CRPS and fibromyalgia, and severe end-stage left carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750 mg po tid #60: 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 Robaxin, Page(s): 65.

Decision rationale: According to the CA MTUS guidelines, Methocarbamol (Robaxin) is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. In this case, there is no documentation of substantial spasm unresponsive to first line therapy. Furthermore, there is no evidence of any significant functional improvement with prior use. Therefore, the request is not considered medically necessary according to the guidelines.