

Case Number:	CM14-0156851		
Date Assigned:	10/28/2014	Date of Injury:	06/17/2012
Decision Date:	12/04/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/24/2014

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 Family Medicine, and is licensed to practice in Texas & 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:

This is a 50 years old female patient who sustained an injury on 6/17/2012. She sustained an injury while pulling heavy bins on wheels to the utility room. The current diagnoses include status post bilateral carpal tunnel release, left forearm pain/wrist contusion, left wrist sprain and radial tunnel syndrome. Per the doctor's note dated 10/3/14, she had complaints of persistent numbness and pain in the left hand and forearm. Physical examination revealed decreased sharp dull discrimination over the radial and ulnar digits, positive Tinel's in the carpal tunnel and tenderness over the forearm. Per the doctor's note dated 9/8/14, she had complaints of left wrist pain. Physical examination revealed tenderness and swelling over the left wrist and positive Cozen's test on the left. The medications list includes norco, gabapentin, robaxin, colace, zanaflex and voltaren gel. She has had left wrist MRI dated 4/16/14 which revealed scapholunate ligament tear, degenerative fraying of the TFCC and subcortical degenerative changes along the ulnar styloid and lunate; left upper extremity electromyogram dated 4/17/14 which revealed mild left carpal tunnel syndrome and moderate left radial tunnel neuropathy at the elbow. Her surgical history includes left shoulder surgery x2, bilateral knee arthroscopy, cholecystectomy, bilateral carpal tunnel release in 2003 and septoplasty. She has had physical therapy visits for this injury. She has had injection to the left wrist on 10/3/14. She has had urine drug screen on 9/8/14 which was negative for hydrocodone and positive for amphetamine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #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 Muscle relaxants Page(s): 63.

Decision rationale: Robaxin contains Methocarbamol which is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. "Evidence of acute exacerbations in this patient is not specified in the records provided. Muscle relaxants are not recommended for a long periods of time. Evidence of muscle spasms is not specified in the records provided. The rationale for the use of muscle relaxants for a wrist injury was not specified in the records provided. The medical necessity of Robaxin 500mg #60 is not established for this patient at this juncture.