

Case Number:	CM14-0157464		
Date Assigned:	09/30/2014	Date of Injury:	05/27/2004
Decision Date:	10/30/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/25/2014

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 32-year-old female who sustained a work related injury on 5/27/2004 as result of a motor vehicle accident (MVA) while still on work property that injured her neck and shoulder. Since then she has complained of neck discomfort and underwent a C5-6 fusion in 2007 and a left shoulder arthroscopy in 2008. Currently she has ongoing neck pain and headaches with worsening left arm pain and numbness. Her left shoulder pain is daily in occurrence and limits her range of motion. Her pain is reported at 8/10 without medication, reduced to 4/10 with. Her prescribed medications are keeping her functional, allowing for increased mobility, tolerance of activities of daily living and home exercises. Upon exam, her cervical range of motion is reduced in all planes with Spurling maneuver documented as 'positive centrally'. There is tenderness to palpation along the cervical spine and suboccipital region with left myofascial pain at the Trapezius and Levator scapulae musculature. Lumbar/Sacral exam is found paraspinal tenderness to palpation and reduced overall range of motion. Neurological deficit in strength at the bilateral biceps and hand strength (worse on left), as well left lower extremity. She has pinprick sensation deficit along the left C5-7 and left L4-5 dermatomes. In dispute is a decision for Robaxin 750mg #60 X 3 as an outpatient for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #60 x 3, as an outpatient for low back pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. www.RxList.com ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm drugs.com Epocrates Online, www.online.epocrates.com Monthly Prescribing Reference, www.empr.com Opioid Dose Calculator-AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 63.

Decision rationale: Muscle relaxants (for pain): Muscle relaxants are non-sedating medications that should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to the submitted medical documentation (PR-2's dated November 14, 13, February 11, 2014 and August 5, 2014) the patient has been on one form of muscle relaxant for the better part of a year. These medications are intended for short term use. The request is denied as it is not medically necessary.