

Case Number:	CM14-0172317		
Date Assigned:	10/23/2014	Date of Injury:	03/25/2011
Decision Date:	12/10/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/17/2014

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 underlying date of injury in this case is 03/25/2011. The date of the initial utilization review under appeal is 10/08/2014. The patient's current treating diagnosis is right shoulder pain. A consultation and request for authorization of 09/25/2014 by an upper extremity orthopedic surgeon indicates the patient presented for evaluation of her right shoulder. The patient had sustained an injury when she fell out of a chair on 03/25/2011. Past treatment had included physical therapy, medications, and acupuncture. The patient reported headaches, trapezius pain, shoulder pain, and night pain. Medications included Wellbutrin, Celexa, clonidine, hydrochlorothiazide, Robaxin, Norco, and Prilosec. On exam the patient had full range of motion of the right shoulder with some diffuse tenderness around the shoulder in a non-anatomical distribution. An impingement sign was positive. The consulting physician noted that an MRI 2 years previously had shown some abnormalities but was no longer valid, and, therefore, the physician recommended a repeat MRI. A treating physician note of 09/15/2014 reported the diagnoses of neck pain, right shoulder pain, low back pain, and lumbar radiculitis. At that time the medications included Robaxin as needed for spasm. On physical exam the patient was in mild discomfort, unchanged from a prior exam. The treatment had included refills of Norco and Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on muscle relaxants, page 63, recommends non-sedating muscle relaxants as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. The guideline does not recommend Robaxin for chronic injuries, such as currently. It is not clear from the medical records that there is documentation of muscle spasms or clinical effectiveness of Robaxin or reason to continue this medicine contrary to the recommendations in the treatment guideline. Moreover, the quantity desired is not stated, which additionally makes this request not possible to evaluate based on the treatment guideline. For these multiple reasons, this request is not medically necessary.