

<b>Case Number:</b>	CM14-0031863		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/02/2008
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Occupational Medicine, 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 patient is a 61 year-old female with date of injury 10/02/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/13/2014, lists subjective complaints as pain in the back, neck and arms. Objective findings: Examination of the cervical spine revealed decreased range of motion and tenderness to palpation of the paraspinal musculature. Pain was noted in the left superior trapezius. Examination of the upper extremities bilaterally showed no signs of dislocation, subluxation, laxity, flaccidity, spasticity, crepitation, defects masses or effusions. Diagnosis: 1. Spondylololsthesis and stenosis and facet hypertrophy at L4-L5 2. L4-5 radiculopathy. Patient underwent back surgery on 06/13/2013. Patient has completed 6 sessions of physical therapy for the lumbar spine to date, and reported she felt more pain relief and great strength after the sessions. Patient underwent lumbar facet injections at L4-L5 and L5-S1 on 11/15/2013, and reported at least a 50% improvement in pain relief as a result. On 2/24/14, the patient received a partial certification for a weaning dose of Robaxin 750 mg and partial certification for physical therapy sessions 2 times a week for 3 weeks of the cervical spine allowing for reevaluation after a 6 visit clinical trial period. The medical records provided for review document that the patient has been taking the following medications for at least as far back as 10/28/2013. Medications: 1. Robaxin 750mg, #90, SIG: 1 tab by mouth 3 times a day. 2. Voltaren 50mg, #120, SIG: 1 tab every 6 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation ODG, Low Back Pain and Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63.

**Decision rationale:** The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. The patient has been taking Robaxin since at least October 2013. Robaxin 750mg #90 is not medically necessary.

**Voltaren 50mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-73.

**Decision rationale:** The MTUS recommends that NSAIDs be used at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The patient has been taking Voltaren since October 2013. Voltaren 50mg #120 is not medically necessary.

**Twelve (12) Physical therapy visits for Cervical spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation ODG-TWC Neck and Upper Back, Physical Medicine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Physical Medicine Page(s): 98-99.

**Decision rationale:** The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. There is no documentation of objective functional improvement. Twelve (12) Physical therapy visits for cervical spine is not medically necessary.