

Case Number:	CM14-0053265		
Date Assigned:	07/07/2014	Date of Injury:	12/04/2012
Decision Date:	08/26/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/21/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59-year-old male with a reported injury on 12/04/2012. The mechanism of injury was not provided within the medical records. The injured worker's diagnoses included radiculopathy of the cervical spine and unspecified neuralgia, neuritis and radiculitis. The injured worker has had previous physical therapy, cervical epidural steroid injections, and chiropractic treatment. The injured worker has had previous left shoulder surgery and bilateral carpal tunnel release. The medication list included Norco, Percocet, Duexis, gabapentin, Tylenol, and Advil. He has also had previous epidural steroid injections. The injured worker had an examination on 03/28/2014 with complaints of back and neck pain. The injured worker previously had an MRI which showed multilevel cervical degenerative disc changes, osteophyte complex, and bilateral neural foraminal narrowing. He complained that he had neck pain that increased with neck extension and radiated down his bilateral upper limbs. The report stated that the injured worker had stopped taking Norco but was continuing to take gabapentin, which he found to be helpful without adverse effects. The cervical spine, upon examination, did have a positive Spurling's bilaterally. The cervical spine was nontender and he had a palpable twitch positive trigger points noted in the muscles of the head and the neck. His anterior flexion was noted to be 35 degrees, extension of the cervical spine was noted to be at 15 degrees. There was pain noted with the extension of the cervical spine. The left lateral rotation was noted to be at 25 degrees and the right lateral rotation of the c-spine was noted to be also at 25 degrees. The motor strength was normal, except the pain inhibited weakness in the left deltoid and left hip, otherwise it was a 5/5 in all his muscles. The physician's treatment plan included recommendations for an EMG/NCS of the left lower limb, provide a prescription for gabapentin and to start Robaxin. The Request for Authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) muscle relaxants.

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

Decision rationale: The request for the Robaxin 500 mg is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that muscle relaxants may be effective in reducing pain and muscle tension and increased mobility. The guidelines state that they show no benefit beyond NSAIDs in pain and overall improvement. The injured takes ibuprofen for breakthrough pain. There is a lack of documentation indicating the injured worker has significant muscle spasms for which the medication would be indicated. The provider's rationale for the request is not provided within the medical records. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for the Robaxin is not medically necessary.