

<b>Case Number:</b>	CM14-0067355		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/29/2005
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Anesthesiology, Pain Medicine, and is licensed to practice in Florida. 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 46-year-old female with a reported date of injury on 05/29/2005. The injury reportedly occurred when the injured worker had her right wrist slammed by the safety door of a safe. Her diagnoses were noted to include status post endoscopic right carpal tunnel release, status post right wrist arthroscopy, status post right wrist ligament reconstruction, status post proximal row carpectomy, status post ulnar nerve surgery right wrist, nonunion capitate/long finger metacarpal carpometacarpal joint, status post left iliac bone graft to the right wrist, status post removal of bone stimulator battery, and status post removal of hardware to the right wrist. Her previous treatments were noted to include surgery, physical therapy, and medications. The progress note dated 03/24/2014 revealed complaints of right wrist pain, and the injured worker believed there was movement in the right wrist despite the fact that she had been told her wrist was fused. She complained of pain with radial/ulnar deviation and flexion/extension. The injured worker complained of a great deal of difficulty combing her hair, cutting food, making a meal, typing on the computer, lifting, carrying, opening jars, and turning faucets on and off. Her medications were noted to include Norco, Zocor, Robaxin, Prozac, Xanax, and Seroquel. The right wrist examination revealed a well healed surgical scar and no measurable range of motion, and was held in 19 degrees of extension and 2 degrees of ulnar deviation. The provider indicated he was unable to appreciate any gross movement in the wrist, and that she was tender at the anatomic snuffbox. There was pain with stretching the wrist in the radial/ulnar deviation. The progress note dated 04/21/2014 revealed complaints of right hand/wrist pain rated 10/10, described as constant, achy, numb, and worse with activity. The injured worker indicated the pain limited her activities of daily living. The physical examination revealed the injured worker was wearing a right wrist brace and that there was diffuse tenderness to palpation. The Request for Authorization form was not submitted within the medical records.

The request was for Robaxin 500 mg #20. However, the provider's rationale was not submitted within the medical records.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Robaxin 500mg #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter.

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

**Decision rationale:** The MTUS Chronic Pain Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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 the class may lead to dependence. There is a lack of documentation regarding muscle spasms to warrant a muscle relaxant. There is a lack of documentation regarding efficacy of this medication and improved functional status. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.