

<b>Case Number:</b>	CM14-0095325		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/11/2007
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 43 year old male who reported injured his left knee and neck as result of a fall. The injured worker reported rib fractures. The utilization review dated 07/31/14 resulted in modified approval modified certification for the requested Robaxin and denial for meclizine. A clinical note dated 02/22/13 indicated the injured worker had a fall on his left in 10/07. The injured worker underwent cervical surgery. The injured worker reported ongoing left shoulder pain despite previous surgical intervention. The injured worker underwent anterior cervical discectomy and fusion at C5-6 on 05/30/12. The injured worker experienced a complication as a result of the surgery of a large clot had been had to be removed from his spinal cord. Clinical note dated 09/23/13 indicated the injured worker had ongoing complaints of vertigo. The injured worker was prescribed meclizine. The injured worker also reported knees locking up resulting in several visits to the emergency room over the previous year. Hyperreflexia was identified at the left triceps; hyporeflexia was identified at the left brachioradialis. No strength deficits were identified in the upper extremities. A clinical note dated strength at clinical note dated 03/18/14 indicated the injured worker continuing with 7/10 pain at the left knee, shoulder and neck.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meclizine 25mg, #60 and 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians' Desk Reference, 2014.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:1.)Merck Manuals, Online Medical Library: Meclizine (Drug Information Provided by Lexi-Comp), revised January 2010, accessed November 7, 2010. 2.)Clinical Pharmacology. Clinical Pharmacology, revised November 20, 2009, accessed November 7, 2010.

**Decision rationale:** The request for meclizine 25mg is not medically necessary. The injured worker complained similar complaints of vertigo. The continued documentation indicated the patient utilizing meclizine for prolonged period of time. No information was submitted regarding response to this medication. Given the ongoing complaints of vertigo it does not appear this medication is effective in controlling symptoms. Therefore, it does not appear that this medication would be medically necessary.

**Robaxin 500mg, #90 and 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants; Antispasmodics Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamol (Robaxin, Relaxin, generic available) Page(s): 65.

**Decision rationale:** The request for Robaxin 500mg is not medically necessary. The injured worker complained of ongoing pain at several sites. No information was submitted regarding ongoing spasms in the low back. Therefore, it is unclear for the reasoning for the use of Robaxin. Without this information in place it is unclear how the patient will benefit from this medication. Therefore, this request is not indicated as medically necessary.