

Case Number:	CM14-0095640		
Date Assigned:	07/25/2014	Date of Injury:	03/14/2010
Decision Date:	09/12/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 41-year-old male with a reported date of injury of 03/14/2010. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include right cervical facet joint pain, left cervical facet joint pain, central disc protrusion at C5-6 measuring 2 mm with mild central stenosis and mild right and mild left neural foraminal stenosis, right paracentral disc protrusion at C2-3 measuring 2 mm, moderate to severe neural foraminal stenosis at C6-7, central disc protrusion at C3-4 measuring 3 mm with mild central stenosis and mild right foraminal stenosis, status post C4-5 ProDisc artificial disc replacement, and cervical facet joint arthropathy. His previous treatments were noted to include physical therapy, facet joint medial branch block, facet joint radiofrequency nerve ablation, surgery, and medications. The progress note dated 05/22/2014 revealed the injured worker complained of bilateral lower neck and interscapular pain. His medication regimen was noted to include Avodart, tramadol 37.5 mg 1 every 4 hours as needed for pain, Robaxin 750 mg every 6 hours as needed for spasming, Flector Patch to neck, Norco 10/325 mg every 4 hours as needed for pain, and ibuprofen 600 mg twice a day. The physical examination of the cervical spine noted restricted range of motion by pain in all directions. There was tenderness upon palpation of the bilateral cervical spinal paraspinal muscles overlying the C5-7 facet joints. Cervical discogenic at facet joint provocative maneuvers were positive. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes were 1 and symmetric bilaterally in the upper extremities. Also, strength was rated 5/5 in all limbs and the remainder of the examination was unchanged from the previous visit. The provider indicated the ibuprofen provided 50% improvement of the injured worker's inflammatory pain with 60% improvement of his activities of daily living such as self-care and dressing. The provider indicated the Robaxin provided 60% improvement of muscle spasms and 60% improvement of his activities of daily living such as self-care and

dressing. The injured worker has an up to date pain contract and his previous urine drug screen was consistent with no aberrant behaviors. The Robaxin allows the injured worker to work full time and full duty and the injured worker has previously failed his Tizanidine, Flexeril and Soma. The provider indicated without this medication, the injured worker's sleep would be decreased due to spasming and the injured worker would be unable to work full time with full duty as a result of fatigue and increased pain. The Request for Authorization form was not submitted within the medical records. The request was for ibuprofen 600 mg #60 with no refills for pain and Robaxin 750 mg #120 with 2 refills for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg, Quantity 60, 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The request for ibuprofen 600 mg #60 with 0 refills is not medically necessary. The injured worker has been utilizing this medication since 2012. The California Chronic Pain Medical Treatment Guidelines recommend NSAIDs at the lowest dose with the shortest period in patients with moderate to severe pain in regards to osteoarthritis. 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. The guidelines recommend NSAIDs as a second line treatment after acetaminophen for acute exacerbations of chronic back pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. The guidelines recommend NSAIDs as an option for short term symptomatic relief for chronic low back pain. The documentation provided indicated the ibuprofen provided 50% improvement of inflammatory pain with 60% improvement of activities of daily living such as self-care and dressing. The guidelines recommend short term utilization of NSAIDs and their request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Robaxin 750mg, Quantity 120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: The request for Robaxin 750 mg #120 with 2 refills is not medically necessary. The injured worker has been utilizing this medication since at least 2012. The

California Chronic Pain Medical Treatment 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. 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 this class may lead to dependence. The documentation provided indicated the Robaxin provided 60% improvement of the injured worker's spasming and 60% improvement of his activities of daily living such as self-care and dressing. The provider indicated the injured worker had an up to date pain contract and his previous urine drug screen was consistent with no aberrant behaviors. The guidelines recommend short term utilization of muscle relaxants and state that efficacy appears to diminish over time. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.