

Case Number:	CM14-0095669		
Date Assigned:	07/25/2014	Date of Injury:	08/17/2012
Decision Date:	12/12/2014	UR Denial Date:	05/21/2014
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 & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Ohio. 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 who reported injuries after repositioning a patient on 08/17/2012. On 12/02/2013, her diagnoses included severe bilateral tenosynovitis, bilateral upper extremity chronic regional pain syndrome, Dupuytren's contractures to the 2nd, 3rd, and 4th digits bilaterally, bilateral epicondylitis of the elbows, and diabetes mellitus. The submitted reports are handwritten and difficult to read. She was noted to have tenderness of the upper extremities and weak grip strength. She had limited range of motion in both shoulders. On 03/18/2014 the treatment plan included the need for a pain management referral with a subspecialty for CRPS. It was further noted that she needed a Xiaflex injection to both hands. No other current medications were noted in the submitted documents. There was no rationale or Request for Authorization included for review.

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 Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish over time. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy equipment. The mechanism of action of Robaxin, which is available in a generic form, is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. Based on the submitted documents, it was unclear why this medication was being prescribed. Additionally, there was no frequency of administration included. Therefore, this request for Robaxin 500mg, qty 90 is not medically necessary.