

Case Number:	CM14-0189817		
Date Assigned:	11/20/2014	Date of Injury:	05/31/2007
Decision Date:	01/08/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/13/2014

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 Internal Medicine, has a subspecialty in Hospice & Palliative Medicine and is licensed to practice in Pennsylvania. 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 42-year-old woman with a date of injury of 05/31/2007. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 05/16/2014, 06/30/2014, 09/18/2014, and 10/16/2014 indicated the worker was experiencing neck pain that went into both shoulders. The worker's medications decreased the pain intensity by approximately 50%. Documented examinations consistently described slightly decreased shoulder motion, slightly positive Tinel's test at both elbows, positive Tinel's and Phalen's tests at both wrists, and tenderness with spasm in the right upper back muscles. The submitted and reviewed documentation concluded the worker was suffering from on-going neck and upper back pain with radicular symptoms, upper back degenerative disk disease, pain-related insomnia, cubital tunnel syndrome involving both elbows based on examination findings alone, carpal tunnel syndrome involving both wrists after surgeries for this condition, and situational depression and anxiety. Treatment recommendations included oral pain medications, psychologic evaluation, continued exercise and weight loss efforts, continued aqua therapy, and continued TENS. A Utilization Review decision was rendered on 11/07/2014 recommending non-certification for ninety tablets of Robaxin (methocarbamol) 500mg with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg # 90 1 refill: 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): 63-66.

Decision rationale: Robaxin (methocarbamol) is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into both shoulders. These records reported that the worker's medications decreased the pain intensity by approximately 50%. However, the worker was taking methocarbamol for more than five months. There was no discussion describing the results of an attempted wean, benefit specifically from this medication, or supporting its continued use long-term. In the absence of such evidence, the current request for ninety tablets of Robaxin (methocarbamol) 500mg with one refill is not medically necessary. The reviewed records reported the worker was prescribed multiple restricted medications. While the MTUS Guidelines support an individualized wean when medications in this class are no longer demonstrating benefit that outweighs the risks, this should be able to be completed with the medication already available to the worker.