

Case Number:	CM14-0198486		
Date Assigned:	12/08/2014	Date of Injury:	06/14/2010
Decision Date:	02/27/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 57 year old female with an injury date of 06/14/10. Based on the 10/27/14 progress report provided by treating physician, the patient complains of constant, persistent pain to the right hand, especially in the thumb and middle finger rated 7-8/10. Patient is status post right carpal tunnel release on 01/09/14. Progress notes provided are hand-written and difficult to decipher. Physical examination 10/27/14 revealed tenderness to palpation to medial and lateral aspects of the right hand, scars on the right wrist from carpal tunnel release surgery. The remainder of physical findings are illegible. The patient is currently prescribed Relafen, Prilosec, and Robaxin. Progress note 10/27/14 indicates that the patient is retired. Diagnostic imaging was not included. Diagnosis 10/27/14 - Right middle finger injury following CTR/compensatory- Right thumb injury following CTR/compensatory- Trigger finger (acquired) NOTE: (Remaining diagnoses are illegible) The utilization review determination being challenged is dated 10/29/14. Treatment reports were provided from 05/12/14 to 10/27/14. Treatment reports were provided from 05/12/14 to 10/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg (unspecified QTY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 65.

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

Decision rationale: The patient presents with constant, persistent pain to the right hand, especially in the thumb and middle finger rated 7-8/10. Patient is status post right carpal tunnel release on 01/09/14. Progress notes provided are hand-written and difficult to decipher. The request is for ROBAXIN TAB 750MG. Physical examination 10/27/14 revealed tenderness to palpation to medial and lateral aspects of the right hand, scars on the right wrist from carpal tunnel release surgery. The remainder of physical findings is illegible. The patient is currently prescribed Relafen, Prilosec, and Robaxin. Progress note 10/27/14 indicates that the patient is retired. Diagnostic imaging was not included. For muscle relaxants for pain, the MTUS Guidelines page 63 states recommended non-sedating muscle relaxants with caution as a second line treatment for short term treatment of acute exacerbations of patients with LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, most LBP cases show no benefit beyond NSAID in pain and overall improvement. In regards to the request for Robaxin, a muscle relaxant, for this patient's wrist pain and trigger finger syndrome, the treater has exceeded the recommended duration for this therapy. Progress notes indicate that this patient has been prescribed Robaxin since at least 05/12/14. Continued use is not in line with guideline recommendations which specify short duration therapy for muscle relaxants. Furthermore, progress note 10/27/14 states that the Robaxin is "not helping". Therefore, this request is not medically necessary.