

Case Number:	CM14-0203939		
Date Assigned:	12/15/2014	Date of Injury:	12/01/2013
Decision Date:	03/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/05/2014

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 & Rehabilitation

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 50 year old male, who sustained an industrial injury on December 1, 2013. He has reported a cumulative trauma injury to the left arm. The diagnoses have included left elbow and left extremity pain. Treatment to date has included physical therapy, medications, radiological imaging, modified duty work status, ice applications, physical therapy, bracing, and acupuncture. Currently, the Injured Worker complains of increasing neck and lower back pain, and radicular pain down the left arm. He also reports radiating pain from the low back into the legs. He reports Robaxin is effective in treating muscle spasms. Physical findings are noted to be restricted range of motion of the neck, flexion 30 degrees, and extension 30 degrees. A Spurling's maneuver causes neck pain with radiation into the arms. The lumbar spine is noted to have limited range of motion, flexion 75 degrees, extension 10 degrees, and a negative straight leg raising test. The records indicate he has been prescribed Robaxin since at least October 2014. On November 20, 2014, Utilization Review non-certified Robaxin 750 mg, quantity #7, based on MTUS guidelines. On November 23, 2014, the injured worker submitted an application for IMR for review of Robaxin 750 mg, quantity #7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64-66.

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

Decision rationale: The patient was injured on 12/01/2013 and presents with left upper extremity pain. The request is for ROBAXIN 750 mg #7. The RFA is dated 11/13/2014 and the patient is on temporary total disability. The patient's cervical spine has a restricted range of motion limited by pain. Spurling's maneuver causes pain in the muscles of the pain radiating to the upper extremity. For the lumbar spine, the patient has a restricted range of motion limited by pain. The patient's elbow has tenderness to palpation over the cubital fossa. The patient has been taking Robaxin as early as 10/09/2014. MTUS page 63-66 for muscle relaxants (for pain) 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. MTUS page 63-66 under antispasmodics for methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. In this case, the patient has been taking Robaxin since 10/09/2014. MTUS Guidelines recommend non-sedating muscle relaxants for short-term use. Robaxin has sedating properties, which does not appear to be in accordance with MTUS Guidelines. The patient has been utilizing this medication on a long-term basis. Therefore, the requested Robaxin IS NOT medically necessary.