

Case Number:	CM14-0206856		
Date Assigned:	12/18/2014	Date of Injury:	01/09/2014
Decision Date:	02/13/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehab and is licensed to practice in California. 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 patient is a 45-year old female with date of injury 1/9/14. The treating physician report dated 12/17/14 (209) indicates that the patient presents with symptoms of headaches, right shoulder pain, lower back pain, neck pain, and bilateral knee pain rating them a 6-7 out of 10. The physical examination findings reveal muscle spasms in the right trapezius and upper back with increasing tenderness over the right trapezius. Prior treatment history includes removal of a mass from neck in 5/11, Ranitidine, Doxycycline, Clindamycin, Fioricet and Butalbital. Prior Head CT scan was normal and a Cervical MRI did not show any significant acute disc herniation or spinal cord injury. The current diagnoses are: -Post concussion syndrome-History of headaches-Neck pain-Bilateral shoulder pain-Lower back pain-Chronic pain syndrome-DepressionThe utilization review report dated 11/26/14 (222) denied the request for Robaxin 500 mg, QTY: 60 based on MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19 - 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics Page(s): 63-65.

Decision rationale: The patient presents with symptoms of headaches, right shoulder pain, lower back pain, neck pain, and bilateral knee pain rating them a 6-7 out of 10. The current request is for Robaxin 500 mg, sixty count. The treating physician report dated 12/17/14 states, "muscle spasms in right trapezius and upper back, increase in tenderness over RT [right] trapezius" and continues to states "request Robaxin 500 mg for muscle spasms for RT trap and upper back." MTUS page 63 states the following about muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP [low back pain]." In this case the treating physician has prescribed this medication for long term usage which is not supported by MTUS. The request is not medically necessary.