

Case Number:	CM14-0210729		
Date Assigned:	12/23/2014	Date of Injury:	03/17/2011
Decision Date:	02/13/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/16/2014

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 Family Practice, 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:

45 yr. old female claimant sustained a work injury on 6/18/08 involving the neck shoulders and wrist. She was diagnosed with cervical disk herniation, carpal tunnel syndrome and shoulder derangement. An MRI of the cervical spine in 2013 showed spondylitic cord compression at C4-C6. She had been on Robaxin for several months along with Norco for spasms and pain. A progress note on 8/14/14 indicated the claimant had 6-8/10 pain in the neck radiating to the neck and arms. She had chronic insomnia. Exam findings were notable for spasms and guarding in the neck with decreased range of motion. The claimant was continued on Robaxin and was again requested to be continued along with Thermacare heat packs in December 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 65-67.

Decision rationale: According to the MTUS guidelines, Robaxin is a muscle relaxant. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility.

However, in most back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Robaxin for months and continued to have spasms. Long-term use can lead to dependence and diminished effect. Continued use is not medically necessary.

Thermacare #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck pain and heat

Decision rationale: According to the guidelines, cold packs can be followed by heat packs in the 1st few days after injury. In this case, the injury was remote. There is insufficient evidence for the use of Thermacare in chronic neck pain. The request above is not medically necessary.