MAXIMUS Federal Services

Case Number:	CM15-0104213		
Date Assigned:	06/08/2015	Date of Injury:	10/05/2010
Decision Date:	07/13/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/01/2015

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, Hawaii
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 31 year old female who sustained an industrial injury on 10/05/2010. Treatment provided to date has included: cervical epidural steroid injections, medications, and conservative therapies/care. Diagnostic tests performed include: MRI of the cervical spine showing C5-6 disc/osteophyte complex with neural foraminal stenosis. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 05/14/2015, physician progress report noted complaints of right upper extremity pain with increasing severe numbness in the fingers of the right hand. Additional complaints include left-sided neck pain. Pain is rated at 9/10 and described as constant, fluctuating in severity, aching and dull. Current medications include Wellbutrin, Robaxin, Methocarbanol, Topamax and Methadone. The physical exam revealed paramedial tenderness in the posterior neck, left scapular tenderness, right trapezius tenderness, tenderness paramedially between scapulars, decreased range of motion (ROM) in the cervical spine, and decreased sensation to light touch in the right upper extremity with extreme decreased sensation in the fingers and thumb of the right hand. The provider noted diagnoses of cervicalgia, cervical radiculopathy, chronic pain syndrome, and myofascial pain. Plan of care includes encourage surgery, follow-up, and continued medications. The injured worker's work status totally temporarily disabled. The request for authorization includes Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with right upper extremity pain with increasing severe numbness in the fingers of the right hand in addition to left-sided neck pain. The current request is for Robaxin 750mg #180. The treating physician states, in a report dated 05/14/15, Robaxin-750 oral tablet (Prescribe): 1,500x2 mg= Tab, PO, q8hr, X 30 days, #180 Tab, 1 refill. (5B) The MTUS guidelines state, Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In this case the treating physician has prescribed this medication for long term usage since at least 12/05/14, which is not supported by MTUS, and there is no documentation in the treating physician report indicating that an acute flare-up has occurred. The current request is not medically necessary.