

Case Number:	CM15-0133988		
Date Assigned:	07/22/2015	Date of Injury:	02/21/2013
Decision Date:	08/26/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/10/2015

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
 Certification(s)/Specialty: Emergency Medicine

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 59-year-old male who sustained an industrial injury on 2/21/2013 resulting rib pain; neck pain; difficulty breathing; bilateral shoulder pain; bilateral wrist pain and numbness; bilateral hip pain; and, radiating low back pain with limited range of motion. He was diagnosed with multiple fractured ribs; clavicle fracture; punctured liver and lungs; pelvis fracture; possible T7 compression fracture; bilateral carpal tunnel syndrome; left shoulder rotator cuff syndrome; advanced cervical disc disease and stenosis; right arm radiculopathy; C5-6 and C6-7 stenosis; lumbar disc herniation with right lower extremity L5 radiculopathy; and, bilateral cubital tunnel syndrome. Treatment has included wrist braces, right bursa steroid injections, physical therapy with mild improvement noted, inversion table with mild improvement, cervical injections which provided temporary relief, and medication which is reported to help with pain and muscle spasms. The injured worker continues to report pain at multiple sites, weakness, and muscle spasms. The treating physician's plan of care includes Robaxin 500 mg. He is presently working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #90: Upheld

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

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

Decision rationale: The requested Robaxin 500mg #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The treating physician has documented pain at multiple sites, weakness, and muscle spasms. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Robaxin 500mg #90 is not medically necessary.