

Case Number:	CM15-0146154		
Date Assigned:	08/07/2015	Date of Injury:	02/16/2007
Decision Date:	09/04/2015	UR Denial Date:	07/18/2015
Priority:	Standard	Application Received:	07/28/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 39 year old female, who sustained an industrial injury on 2-16-2007. Diagnoses have included complex regional pain syndrome (CRPS), and thoracic outlet syndrome. Treatment to date has included chiropractic treatment, physical therapy, biofeedback and medication. According to the progress report dated 6-4-2015, the injured worker complained of bilateral neck pain and bilateral upper extremity pain. The injured worker was noted to be hostile and upset throughout the visit. She voiced homicidal ideations towards the office. It was noted that previous right stellate ganglion block provided significant pain relief; she was able to decrease her oral medication consumption by approximately 33 percent or more. The injured worker refused physical exam at the visit. Per the progress report dated 6-27-2015, the injured worker complained of neck pain. This was her first visit to this clinic. She reported more swelling in her left arm. She reported using two tablets of Norco in the last two months. She stated that neck pain radiated to her upper back, shoulders and right arm. She rated her pain as eight out of ten. Physical exam revealed swelling and mottling of the left hand. Authorization was requested for Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Robaxin 750mg #60 with 1 refill: Upheld

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

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

Decision rationale: Regarding the request for methocarbamol (Robaxin), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific objective functional improvement as a result of the methocarbamol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the currently requested methocarbamol (Robaxin) is not medically necessary.