

Case Number:	CM15-0146459		
Date Assigned:	08/07/2015	Date of Injury:	09/06/2009
Decision Date:	09/03/2015	UR Denial Date:	07/16/2015
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 female, who sustained an industrial injury on 9-06-2009. The mechanism of injury was not noted. The injured worker was diagnosed as having cervical strain, shoulder strain, and lumbar strain-sprain. Treatment to date has included diagnostics, physical therapy, home exercise program, and medications. Currently (4-27-2015), the injured worker complains of chronic pain and right shoulder paresthesias related to cervical, lumbar, and left shoulder strains. Her work status was permanent and stationary and was currently working. No interval changes were noted since last examination (2-10-2015) other than she was able to increase her work hours and days. She was out of medications for the last few weeks and reported slightly increased pain. She reported intermittent neck spasm since she was unable to use Cyclobenzaprine (altered level of consciousness). Medications were documented to provide reduction in pain and improvement in function. Cervical and shoulder pain was rated 1 out of 10 at best and 3 out of 10 at worst. Back pain was rated consistently 3 out of 10. Medications included Ibuprofen, Acetaminophen, Gabapentin, Hydrocodone, and Robaxin (change from Cyclobenzaprine). An updated progress report regarding the continued use of Acetaminophen and Robaxin was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen 500mg #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12 of 127.

Decision rationale: Regarding the request for acetaminophen, CA MTUS cites that it is recommended for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case-by-case basis. The side effect profile of NSAIDs may have been minimized in systematic reviews due to the short duration of trials. On the other hand, it now appears that acetaminophen may produce hypertension, a risk similar to that found for NSAIDs. Within the documentation available for review, there is no current documentation identifying significant pain relief and functional improvement attributed to this medication, and there is no clear rationale for its use in addition to the NSAID and opiate (combined with acetaminophen) concurrently prescribed. In light of the above issues, the currently requested acetaminophen is not medically necessary.

Robaxin 750mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Robaxin, Chronic Pain Medical Treatment Guidelines support the use of nonsedating 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 analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Robaxin is not medically necessary.