

Case Number:	CM15-0168153		
Date Assigned:	09/08/2015	Date of Injury:	08/08/2014
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	08/26/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 43 year old male, who sustained an industrial injury on 8-08-2014. He reported a fall from a ladder 5 feet high, onto his right side. He denied head trauma and was initially prescribed Etodolac and Tramadol-Acetaminophen. The injured worker was diagnosed as having cervical strain with possible cervical root entrapment, severe impingement syndrome in the right shoulder with bicipital tendinosis, early mild right carpal tunnel syndrome, and multi-level moderate to severe lumbar degenerative disc disease with possible root entrapment. Treatment to date has included diagnostics, physical therapy, chiropractic, and medications. Currently (8-17-2015), the injured worker complains of right shoulder pain and popping. Also noted were complaints of cervical pain and stiffness and lumbar pain with right leg pain. He reported pain with activities of daily living and his pain was not rated. Exam noted decreased range of motion and tenderness in the right shoulder, positive impingement sign, positive Hawkin's test, positive cross arm test, and positive empty can test. His function with activities of daily living was not described and current medication regimen was not noted. His work status was modified. He was to proceed with hematology consult for pre-operative (right shoulder surgery) clearance. A previous progress report (6-30-2015) noted thrombocytopenia. He was prescribed Naprosyn, Robaxin, and Tramadol. Urine toxicology was not noted. On 8-24-2015, Utilization Review non-certified the request for Robaxin and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #30: 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 muscle relaxants Page(s): 63.

Decision rationale: Robaxin is a muscle relaxant that is to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP 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 was on opioids and NSAIDS along with the Robaxin. The Robaxin was used for several months. Chronic use is not recommended and not medically necessary.

Tramadol 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had been on the Tramadol for over a year. There was no mention of weaning or Tylenol failure. Continued and chronic use of Tramadol is not medically necessary.