

<b>Case Number:</b>	CM15-0169656		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	12/16/1991
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: 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 64 year old female, who sustained an industrial injury on December 16, 1991. The injured worker was diagnosed as having cervical pain, cervicgia, cervical, thoracic, or lumbar facet arthropathy. Treatment and diagnostic studies to date has included medication regimen, cervical radiofrequency, laboratory studies, chiropractic therapy, and use of transcutaneous electrical nerve stimulation. In a progress note dated July 23, 2015 the treating physician reports complaints of continued pain to the neck, back, and shoulder. Examination reveals tenderness to the cervical spinous process and the facet joint along with decreased range of motion. The treating physician noted that the injured worker's medication regimen included Cymbalta and Phenergan. The injured worker's pain level was rated a 5 out 10 with the use of her medication regimen and rates the pain level an 8 out of 10 without the use of her medication regimen. The injured worker indicates that the injured worker's medication regimen decreases her pain level and increases her activity level including allowing her to perform activities of daily living in the house and out of the house along with social activities such as golf. The documentation provided also noted prior use of the medication Baclofen from at least February 26, 2015 until March 26, 2015 and prior use of the medication Robaxin from at least March 26, 2015 until June 25, 2015. On August 07, 2015 the treating physician requested Robaxin 750mg with a quantity of 60 and three trigger point injections to the neck and shoulder for the diagnosis of facet arthropathy, but did not indicate the specific reason for the requested treatment and medication. On August 13, 2015, the Utilization Review determined the requests for Robaxin 750mg with a quantity of 60 and three trigger point injections to be non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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 Robaxin for several months along with Norco. The claimant was previously on Balcofen. Chronic use of muscle relaxants is not indicated. Continued Robaxin is not medically necessary.

**3 trigger point injections, neck & shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Follow-up Visits, Initial Care, Surgical Considerations.

**Decision rationale:** According to the ACOEM guidelines, trigger point injections are not recommended. Invasive techniques are of questionable merit. The treatments do not provide any long-term functional benefit or reduce the need for surgery. In this case there were prior request for medial branch blocks, H-wave, and medications. Additional invasive procedures will not provided sustained improvement. Therefore the request for cervical trigger point injection is not medically necessary.