

Case Number:	CM15-0182657		
Date Assigned:	09/23/2015	Date of Injury:	05/25/2009
Decision Date:	10/29/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/16/2015

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: Preventive Medicine, Occupational 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 39 year old female who sustained an industrial injury on 5-25-2010. A review of medical records indicates the injured worker is being treated for left shoulder injury, status post-surgery, right knee injury, status post-surgery, C4-7 cervical disc disease, left cervical radiculopathy, C5-6 right central disc protrusion with partial annular tear mildly narrowing right foramen, and C4-5 small central disc bulge. Medical record dated 5-1-2015 noted neck pain with radiating pain into the left arm. Physical examination noted restricted cervical range of motion particularly with extension and flexion. There was diminished sensation in the left thumb. Treatment has included surgery, injections, physical therapy, and medications. MRI of the cervical spine dated 4-4-2015 revealed a 3 mm right central protrusion with partial annular tear, which mildly flattens the ventral thecal sac. Right-sided disc bulge mildly narrows the right neural foramen; there is a 2-3 mm disc bulge, which mildly flattens the anterior thecal sac. Disc bulge extending into the neural foramina with facet hypertrophy mildly narrow the neural foramina, left side greater than right, and C3-4, C6-7 mild disc bulge without canal or foraminal stenosis. Utilization review form dated 8-18-2015 noncertified Robaxin 750mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #90: 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: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. Drowsiness, dizziness and lightheadedness are commonly reported adverse reactions with the use of Robaxin. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, but in most low back pain cases, there is no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker has documented chronic pain with no evidence of an acute exacerbation of pain or muscle spasm. Additionally, this request for 90 Robaxin does not imply acute treatment. The request for Robaxin 750mg #90 is not medically necessary.