

Case Number:	CM15-0183747		
Date Assigned:	09/24/2015	Date of Injury:	02/06/2012
Decision Date:	10/29/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/18/2015

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:

This is a 66 year old female with a date of injury on 2-6-12. A review of the medical records indicates that the injured worker is undergoing treatment for neck and shoulder pain. On 8-17-15, she reports pain and discomfort in her right shoulder and neck pain with radiation along both shoulders with moderate persistent pain in both shoulders with activities. She currently takes Aleve and Robaxin. She recently went to the emergency room due to increased left shoulder pain. Physical exam reveals gentle cervical compression caused pain to the neck with radiation to both shoulders and positive impingement signs to both shoulders. Range of motion is limited due to pain. Treatments have included: medication, physical therapy, injections, rest and activity modification. The plan of care is to continue Aleve and Robaxin and complete physical therapy. Request for authorization dated 8-17-15 was made for Robaxin 750 mg quantity 30. Utilization review dated 8-28-15 non-certified request and weaning was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #30: 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 had been provided Robaxin along with Aleve (an NSAID). Combined use is not indicated for use beyond a few weeks. The Robaxin as prescribed is not medically necessary.