

Case Number:	CM15-0203337		
Date Assigned:	10/20/2015	Date of Injury:	02/01/2013
Decision Date:	12/09/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/15/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 29 year old female who sustained an industrial injury on 2-1-2013. A review of the medical records indicates that the injured worker is undergoing treatment for possible thoracic outlet syndrome (TOS) bilaterally and bilateral upper extremity pain with possible neuritis. According to the progress report dated 8-27-2015, the injured worker complained of bilateral upper extremity pain, neck pain and thoracic spine pain. She denied any significant change since her last visit. Objective findings (8-27-2015) revealed trapezius myofascial tenderness bilaterally with jump signs to deep palpation in the trapezius and levator scapula muscle regions. Treatment has included trigger point injections, acupuncture and medications. Medications (8-27-2015) included Cymbalta, Lyrica, Flexeril (since at least 3-2015) and Lidoderm patches. Robaxin was prescribed 8-27-2015. The request for authorization was dated 9-8-2015. The original Utilization Review (UR) (9-15-2015) denied requests for Robaxin and cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #60 with no refills: Upheld

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

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

Decision rationale: The patient presents with possible thoracic outlet syndrome (TOS) bilaterally and bilateral upper extremity pain with possible neuritis. The current request is for Robaxin 750mg #60 with no refills. The treating physician states, in a report dated 08/27/15, "start Robaxin 750 mg to take 1 p.o. b.i.d. p.r.n. muscle spasms #60 prescribed with no refills." (8B) The MTUS guidelines state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." In this case, the treating physician had been prescribing Flexeril since at least April 2015. Long-term usage of this medication is not supported by MTUS. Furthermore, there is no documentation of a flare-up or any reason given for suddenly switching from one muscle relaxant to another. In fact, the doctor notes that "Flexeril 10 mg at bedtime had been also very helpful in improving her ability to sleep and to decrease her muscle spasms and pain during the day." This request is not supported as the request is not prescribed for short-term usage. The current request is not medically necessary.

Cognitive behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

Decision rationale: The patient presents with possible thoracic outlet syndrome (TOS) bilaterally and bilateral upper extremity pain with possible neuritis. The current request is for Cognitive behavioral therapy. The treating physician states, in a report dated 08/27/15, "Recommend cognitive behavioral therapy as this may be of significant benefit for the patient and to teach her some coping skills and therapies that she can use to alleviate or reduce her pain symptoms." (8B) MTUS support cognitive behavioral therapy for chronic pain, but for initial trial of 3-4 sessions and no more than 10 sessions with progress. In this case, the treating physician, based on the records available for review, has failed to specify the number of sessions recommended. An open-ended request for therapy is not supported by the MTUS guidelines. The current request is not medically necessary.