

Case Number:	CM15-0209670		
Date Assigned:	10/28/2015	Date of Injury:	06/26/2008
Decision Date:	12/16/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/26/2015

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: 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:

The injured worker is a 64-year-old male who sustained an industrial injury on 6-26-2008 and has been treated for cervicalgia, bursae tendons shoulder, and chronic discogenic low back pain. On 10-8-2015, the injured worker reported paracervical and periscapular chronic pain, but he believed that periodic chiropractic visits had been "keeping things in check." He had run out of approved visits and was unable to go for several weeks, and is noting low back pain up to 5.2 on a 0-10 scale. Objective findings showed mid to lower paracervical tenderness, and "mildly restricted" cervical rotation and bending to the right. Documented treatment includes TENS unit which he said is "not that effective," an unspecified number of chiropractic visits stated to give significant relief with 100 percent relief of neck and scapular pain when he gets adjustments; and, medication which had included gabapentin, Ultram, and Robaxin. He had been taking ibuprofen, which he had to discontinue due to other medical condition, and Tylenol which was noted to not be effective. Robaxin was prescribed 4-8-2015. Response to this medication is not provided. The treating physician's plan of care includes Robaxin 750 mg #90, and 8 chiropractic visits over 2-3 months for the neck and lower back as the deep tissue work and adjustments "have worked well for him." On 10-16-2015, Robaxin was denied, and the chiropractic visits were modified to 2 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg (1) tab PO TID #90: 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 records indicate that the patient has chronic complaints of neck traveling into the left shoulder dating back to a 2008 work related injury. The current request for consideration is Robaxin 750mg (1) tab PO TID #90. The CA MTUS has this to say regarding muscle relaxers: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. Methocarbamol (Robaxin, Relaxin, generic available): The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. This drug was approved by the FDA in 1957. Side Effects: Drowsiness, dizziness and lightheadedness. Dosing: 1500 mg four times a day for the first 2-3 days, then decreased to 750 mg four times a day. In this case, the medical records do not document muscle spasms or an acute exacerbation. MTUS guidelines recommend muscle relaxants for short-term use of acute exacerbations. The current request is not consistent with MTUS guidelines and is not appropriate and not medically necessary.

Chiropractic treatment 8 visits over the course of 2-3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The records indicate that the patient has chronic complaints of neck traveling into the left shoulder dating back to a 2008 work related injury. The current request for consideration is chiropractic treatment 8 visits over the course of 2-3 months. The 10/18/15 progress report notes that the patient's condition has been stable. He notes that periodic chiropractic treatment helps keep things in check. The CA MTUS does recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond

the physiologic range-of-motion but not beyond the anatomic range-of- motion. Elective/ maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re- evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. In this case, the current request for chiropractic appears to suggest maintenance care. MTUS guidelines do not find maintenance care to be medically necessary. MTUS does allow for periodic care for exacerbations. At this time, the attending physician has not documented an exacerbation. Flare-ups require re-evaluation of treatment success, and 1-2 visits every 4-6 months. The request for 8 visits over the course of 2-3 months is not consistent with MTUS guidelines and therefore, not appropriate and not medically necessary.