

<b>Case Number:</b>	CM15-0023026		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	03/16/2001
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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, Washington

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

### 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 77-year-old female who reported an injury on 03/16/2001. The mechanism of injury was not stated. The current diagnoses include cervical degenerative disc disease, right shoulder degenerative joint disease, and myofascial pain. The injured worker presented on 09/09/2014 for a followup evaluation. The injured worker reported persistent neck pain radiating into the right shoulder and arm. Additional symptoms included muscle spasm in the right shoulder girdle and right trapezius. The current medication regimen includes Ultracet 37.5/325 mg and Robaxin 500 mg. Upon examination, there was pain at the shoulder with inability to raise the arm for a long period of time. Recommendations included continuation of the current medication regimen and home exercise. A Request for Authorization form was then submitted on 12/09/2014 for Ultracet 37.5/325 mg and Robaxin 500 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5-325MG 1 by oral three times per days as needed #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioids analgesics. Ongoing review and documentation of pain relief, functional status appropriate medication use, and side effects should occur. In this case, it is noted that the injured worker has continuously utilized the above medication since at least 07/2014. There is no documentation of objective functional improvement. There was also no mention of a failure of nonopioid analgesics. In the absence of objective functional improvement, the ongoing use of the above medication would not be supported. As such, the request is not medically appropriate.

**Robaxin 500 mg 1/2 to 1 by oral as needed #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. According to the documentation provided, the injured worker has continuously utilized the above medication since at least 07/2014. Guidelines do not recommend long term use of muscle relaxants. Additionally, there was no evidence of palpable muscle spasm or spasticity upon examination. Given the above, the request is not medically appropriate.