

Case Number:	CM15-0218321		
Date Assigned:	11/10/2015	Date of Injury:	09/01/2004
Decision Date:	12/29/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/05/2015

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: Texas, 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:

The injured worker was a 62-year-old male, who sustained an industrial injury, September 1, 2004. The injured worker was undergoing treatment for carpal tunnel syndrome, ulnar neuropathy, median ulnar neuropathy, GERD (gastroesophageal reflux disease) and cervical radiculopathy. According to progress note of October 28, 2015, the injured worker's chief complaint was nerve pain increased numbness and burning pain to the bilateral upper extremities. The pain was worse at bedtime since the Cymbalta was stopped and Lyrica was decreased. The injured worker was requesting surgery on the left side, due to a lot of aching, tightness, sharp pain in the neck that moved right to left sides. The objective findings were increased cervical paraspinal pain with decreased sensation to the bilateral hands. The injured worker was experiencing extreme muscle cramps in the neck region secondary to failed cervical fusion. The Robaxin had been helpful at limiting the injured worker's increased pain due to spasms. The injured worker previously received the following treatments Robaxin 750mg 2 every eight hours, since May 14, 2015, Zantac, Omeprazole, Lyrica, Hydrocodone with acetaminophen 10-325mg, Gabapentin, Trazodone and topical cream. Other medication list include Cymbalta, and Lyrica. The RFA (request for authorization) dated October 28, 2015; the following treatments were requested a prescription for Robaxin 750mg #180 with 5 refills. The UR (utilization review board) denied certification on October 30, 2015; for a prescription for Robaxin 750mg #180 with 3 refills. The patient's surgical history included cervical fusion in 2007 and right CTR in 2005. The patient had reached MMI. The patient has had an EMG of the upper extremities that revealed bilateral CTS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #180 with 3 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: Robaxin 750mg #180 with 3 refills. Robaxin contains methocarbamol which is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "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. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guidelines, "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. In addition, 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications." The patient has had a chronic injury. Evidence of acute pain was not specified in the records provided at this time. The long-term daily use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore, as per guidelines skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. The medical necessity of the request for Robaxin 750mg #180 with 3 refills is not fully established in this patient.