MAXIMUS Federal Services

Case Number:	CM15-0221178		
Date Assigned:	11/16/2015	Date of Injury:	10/01/2009
Decision Date:	12/30/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/10/2015

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, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 44 year old female sustained an industrial injury on 10-1-09. Documentation indicated that the injured worker was receiving treatment for cervical spondylolisthesis with radiculopathy, degenerative disc disease and headaches. Previous treatment included acupuncture, aqua therapy, massage, physical therapy, cervical traction, transcutaneous electrical nerve stimulator unit, spinal cord stimulator trial, radiofrequency ablation, injections and medications. The injured worker underwent cervical fusion on 7-6-15. In a PR-2 dated 10-6-15, the injured worker complained of residual numbness and tingling in the right deltoid, right hand and fingers. The injured worker stated that her neck pain was now intermittent with only minimal discomfort between the shoulder blades. Physical exam was remarkable for right upper extremity with 4 out of 5 strength, decreased sensation throughout the deltoid and forearms and "normal" shoulder range of motion. The physician recommended starting physical therapy and a new prescription for Robaxin. On 11-6-15, Utilization Review noncertified a request for Robaxin 500mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500 mg #180: 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 injured worker sustained a work related injury on 10-1-09. The medical records provided indicate the diagnosis of cervical spondylolisthesis with radiculopathy, degenerative disc disease and headaches. Previous treatment included acupuncture, aqua therapy, massage, physical therapy, cervical traction, transcutaneous electrical nerve stimulator unit, spinal cord stimulator trial, radiofrequency ablation, injections and medications. The medical records provided for review do not indicate a medical necessity for Robaxin 500 mg #180. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Methocarbamol (Robaxin) is a muscle relaxant with a dosing recommendation of 1500 mg four times a day for the first 2-3 days, then decreased to 750 mg four times a day. It is not recommended because the medical records do not indicate the injured worker is being treated for acute back pain exacerbation. Besides, even if the injured worker is being treated for acute exacerbation of chronic low back pain, the quantity exceeds the short term use recommended. The request is not medically necessary.