

Case Number:	CM15-0223779		
Date Assigned:	11/20/2015	Date of Injury:	04/21/2003
Decision Date:	12/31/2015	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/13/2015

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

Certification(s)/Specialty: Emergency 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 is a 55 year old female with a date of injury of April 21, 2003. A review of the medical records indicates that the injured worker is undergoing treatment for cervical disc degeneration, cervical radiculopathy, status post right shoulder arthroscopy, and complex regional pain syndrome. Medical records dated August 14, 2105 indicate that the injured worker complained of neck pain radiating to the arms and hands with numbness and tingling, right greater than left shoulder pain, and bilateral wrist pain. Records also indicate that the injured worker reported difficulties with activities of daily living. A progress note dated October 9, 2015 documented complaints of neck pain rated at a level of 6 out of 10, numbness and tingling in the fingers, spasms and limited range of motion, right shoulder pain rated at a level of 6 to 7 out of 10, left shoulder pain rated at a level of 4 out of 10, popping, clicking, and limited range of motion of the shoulders, right wrist pain rated at a level of 6 to 7 out of 10, left wrist pain rated at a level of 4 out of 10, and weakness of the bilateral wrists with difficulty grabbing, squeezing, and twisting. The physical exam dated August 14, 2015 reveals decreased range of motion of the cervical spine, spasms of the trapezius musculature, decreased range of motion of the bilateral shoulders, crepitus of the left shoulder, positive Neer's and Apprehension signs of the left shoulder, and decreased range of motion of the lumbar spine. The progress note dated October 9, 2015 documented a physical examination that showed decreased and painful range of motion of the cervical spine, and decreased range of motion of the right shoulder. Treatment has included medications (Robaxin noted in October of 2015; Tylenol #4, Xanax, and Dilaudid). Recent urine drug screen results and the injured worker's current work status were not documented in the submitted records. The utilization review (November 12, 2015) partially certified a request for Robaxin 500mg one month supply to allow for weaning (original request for #60).

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500 mg times SIG take 1 tab Q12 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The requested Robaxin 500 mg times SIG take 1 tab Q12 hours, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has right shoulder pain rated at a level of 6 to 7 out of 10, left shoulder pain rated at a level of 4 out of 10, popping, clicking, and limited range of motion of the shoulders, right wrist pain rated at a level of 6 to 7 out of 10, left wrist pain rated at a level of 4 out of 10, and weakness of the bilateral wrists with difficulty grabbing, squeezing, and twisting. The physical exam dated August 14, 2015 reveals decreased range of motion of the cervical spine, spasms of the trapezius musculature, decreased range of motion of the bilateral shoulders, crepitus of the left shoulder, positive Neer's and Apprehension signs of the left shoulder, and decreased range of motion of the lumbar spine. The progress note dated October 9, 2015 documented a physical examination that showed decreased and painful range of motion of the cervical spine, and decreased range of motion of the right shoulder. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Robaxin 500 mg times SIG take 1 tab Q12 hours is not medically necessary.