MAXIMUS Federal Services

Case Number:	CM15-0031007		
Date Assigned:	02/24/2015	Date of Injury:	02/21/2013
Decision Date:	05/15/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/19/2015

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: North Carolina
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 is a 60 year old male who sustained an industrial injury on 2/21/13. He has reported initial complaints of numerous injuries after being struck by a metal storage container and getting propelled hitting the upper body and losing consciousness. The diagnoses have included facial trauma, bilateral upper extremity numbness, right scapular fracture, right chest chronic effusion, multiple rib fractures, pelvic fracture with lower extremity numbness, left shoulder rotator cuff syndrome and lumbar disc herniation with right lower extremity (RLE) radiculopathy. Treatment to date has included medications, diagnostics, activity modifications, and surgery. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the cervical spine, computerized axial tomography (CT scan) scan of the chest, x-rays of the wrists and hands and electromyography (EMG) and nerve conduction velocity studies (NCV) of the upper extremities and lower extremities. The current medications included Norco and Robaxin for pain. Currently, as per the physician progress note dated 1/21/15, the injured worker complains of persistent cervical, thoracic, lumbar, bilateral shoulders and bilateral hip pain. The pain has been unchanged from previous visit and rated 4-8/10 on pain scale. It was noted that the pain was improved with medications and aggravated by activities. The injured worker was working at the time of the visit. The objective findings revealed cervical spine had tenderness, limited range of motion due to pain, and positive compression test. The lumbar spine had tenderness, limited range of motion due to pain and positive straight leg raise in the right lower extremity (RLE). He had tenderness in the right chest area to palpation and exam of the right shoulder revealed tenderness over the scapula and limited range of motion due to pain. The

urine toxicology screen dated 11/24/14 was inconsistent with medications prescribed. The physician requested treatment included Robaxin 500 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 50 mg # 90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not certified.