

Case Number:	CM15-0043483		
Date Assigned:	03/13/2015	Date of Injury:	03/14/2010
Decision Date:	04/24/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/06/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41 year old male, who sustained an industrial injury on 3/14/2010. The diagnoses have included bilateral cervical facet joint pain, central disc protrusion with mild central stenosis and moderate right and mild left neural foraminal stenosis and cervical facet joint arthropathy. Treatment to date has included bilateral C5-C6 and bilateral C6-C7 facet joint radiofrequency nerve ablation and medication. According to the comprehensive medical-legal evaluation report dated 2/4/2015, the injured worker complained of bilateral lower neck pain and interscapular pain. Current medications included Avodart, Robaxin, Flector patch to neck, Norco, Ibuprofen, finasteride and Tramadol. Cervical range of motion was restricted by pain in all directions. The injured worker suffered from spasms in the neck and the trapezius. Authorization was requested for Robaxin. It was noted that Robaxin provided 50% improvement of spasm with 50% improvement of activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 18, 2009.

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

Decision rationale: The patient presents with neck pain. The request is for ROBAXIN 750MG #120. Per 02/04/15 progress report, the patient is currently taking Avodart, robaxin, Flector patch, Norco, Ibuprofen, Finasteride and Tramadol ER. The patient is currently working. The MTUS Guidelines page 63 on muscle relaxants for pain states that it recommends non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation with patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension. The MTUS guidelines support the usage of Robaxin for a short course of therapy, not longer than 2-3 weeks. In this case, the patient has been utilizing Robaxin since at least 07/24/14. Per 02/04/15 progress, "Robaxin provides 50% improvement of his spasm with 50% improvement of his activities of daily living such as self-care and dressing." Although the patient reports benefit with the use of his current medication regimen, the long-term use of muscle relaxants is not supported by the MTUS guidelines. The request IS NOT medically necessary.