

Case Number:	CM15-0055398		
Date Assigned:	03/30/2015	Date of Injury:	09/15/2007
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/23/2015

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: New York, West Virginia, Pennsylvania
 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:

The injured worker was a 53-year-old male, who sustained an industrial injury, September 15, 2007. The injured worker previously received the following treatments cervical spine MRI, Gabapentin, Robaxin, physical therapy, right shoulder MRI and right shoulder surgery on January 8, 2015. The injured worker was diagnosed with lumbago, cervicgia and pain in joint involving the shoulder region. According to progress note of February 11, 2015, the injured workers chief complaint was bilateral shoulder pain. The injured worker described the pain as throbbing, stabbing and tender. The injured worker was having difficulty with sleeping, sexual functioning and headaches. The pain increased with prolonged sitting, repetitive lifting, and carrying, pulling and cold weather. The pain decreased with rest, cold, physical therapy and taking medication. Right shoulder surgery January 8, 2015, since surgery the injured worker was complaining of increased left shoulder pain, medication helps. The physical exam noted bilateral shoulder pain and back pain. The treatment plan included a prescription renewal for Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500 mg Qty 60 with 0 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient was already taking robaxin at the time of the request. Thus, the request will result in over 2-3 weeks of treatment, which is not supported by guidelines. The request for robaxin 500 mg #60 is not medically appropriate and necessary.