

Case Number:	CM15-0083339		
Date Assigned:	05/05/2015	Date of Injury:	03/04/1998
Decision Date:	06/22/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/30/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 66 year old male sustained an industrial injury on 3/4/98. He subsequently reported right shoulder pain. Diagnoses include joint pain, shoulder and osteoarthritis. Treatments to date include x-ray and MRI testing, surgery, physical therapy and prescription pain medications. The injured worker continues to experience right shoulder pain. Upon examination, crepitus, tenderness and effusion was noted in the right shoulder. A request for Diclofenac and Robaxin medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 50 mg #180: 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), Pain Chapter, Diclofenac Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 66-73.

Decision rationale: Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDs to justify use. The medical necessity of diclofenac is not substantiated in the records. The Request is not medically necessary.

Robaxin 500 mg #270: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any improvement in pain, functional status or a discussion of side effects specifically related to robaxin to justify use. The medical necessity of robaxin is not substantiated in the records. The Request is not medically necessary.