

Case Number:	CM15-0083440		
Date Assigned:	05/05/2015	Date of Injury:	10/21/2014
Decision Date:	06/04/2015	UR Denial Date:	03/30/2015
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: 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:

The injured worker is a 62 year old male who sustained an industrial injury on 10/21/2014 when he fell backwards and hit his head on the concrete. There was no loss of consciousness. The injured worker was diagnosed with cervical sprain/strain with cervicogenic headaches, mild concussion, autofusion C2-C3, and lumbosacral spondylosis with superimposed strain. Treatment to date includes X-rays of the cervical and lumbar spine, head magnetic resonance imaging (MRI), conservative measures, physical therapy, hearing test and medications. According to the primary treating physician's progress report on March 11, 2015, the injured worker continues to experience neck and low back pain. Examination of the cervical spine demonstrated bilateral paraspinal tenderness C4 through C7 and bilateral upper trapezii tenderness. Range of motion was decreased with motor and sensory intact. The bilateral bicep reflexes were decreased. Lhermitte's test produced neck pain bilaterally and Spurling's test produced right sided neck pain. Examination of the lumbar spine demonstrated tenderness to palpation along the lumbosacral junction and the right superior iliac crest. Gait was normal and the injured worker was able to walk on his toes and heels without pain. Motor and sensory of the lower extremities were intact with decreased bilateral deep tendon reflexes of the quadriceps and Achilles. Current medications were listed as Advil and Flexeril. Treatment plan consists of discontinuing Flexeril due to drowsiness, awaiting approval for cervical and lumbar spine magnetic resonance imaging (MRI) and physical therapy, initiate core strengthening and stabilization exercises and the current request for Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Robaxin 750mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65.

Decision rationale: Robaxin (Methocarbamol) is a muscle relaxant. As per MTUS Chronic pain guidelines, there may be some utility in muscle relaxant use in back pain and a few other muscle related pain diseases. It is only recommended for short term use. There is no documentation to support the use of Robaxin in this patient. There is no documentation of muscles spasms. Patient has been using muscle relaxants chronically and the number of tablets is not consistent with tapering or intermittent use. The way it is being used is medically not recommended and is not medically necessary.