

Case Number:	CM14-0161978		
Date Assigned:	10/07/2014	Date of Injury:	03/26/2008
Decision Date:	11/13/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/02/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 67 year-old female with date of injury 03/26/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/02/2014, lists subjective complaints as pain in the bilateral knees, low back, and bilateral hips. Objective findings: Range of motion of the left knee was 0-130 degrees with pain over the lateral joint and the lateral patellofemoral joint and medial joint. Patient had crepitus with full strength and an equivocal McMurray's test. Right knee range of motion was 10-90 degrees and was stable. Tenderness was noted laterally with some numbness along the lateral knee. Range of motion of the bilateral hips was limited with severe groin pain. Generalized tenderness was noted about the trochanters bilaterally and into the groin. Diagnosis: 1. severe degenerative arthritis, left hip 2. Severe degenerative arthritis, right hip 3. Moderate degenerative arthritis, valgus deformity, left knee 4. Post right total knee replacement with arthrofibrosis and contracture. Medications: 1. Robaxin (duration and dosage not given).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, generic Robaxin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain and Muscle relaxants (for pain) Page(s): 63-66, 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants. There are no muscle spasms documented on the physical exam. There is no documented quantity or directions for the medication. The MTUS also state that muscle relaxants are no more effective than NSAID's alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. Prescription drug, generic Robaxin is not medically necessary.