

Case Number:	CM14-0162657		
Date Assigned:	10/07/2014	Date of Injury:	10/30/2002
Decision Date:	11/04/2014	UR Denial Date:	09/10/2014
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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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:

The injured worker is a 64-year-old female who reported an injury of unspecified mechanism on 10/30/2002. On 08/08/2014, her diagnoses included sprain/strain of the wrist, lumbosacral spondylosis without myelopathy, cervical spondylosis without myelopathy, subacromial bursitis/rotator cuff syndrome of the shoulder, osteoarthritis of the hand, thoracic or lumbosacral neuritis or radiculitis, osteoarthritis of the knee, enthesopathy of the hip, congenital spondylosis of the lumbosacral region and carpal tunnel syndrome of the left wrist. Her complaints included shooting pain in the right wrist without radiation. She rated her pain at 07/10 to 10/10. Her medications included oxycodone 10 mg, Neurontin 400 mg, Celebrex 200 mg, Robaxin 750 mg, Percocet 10/325 mg, Ibuprofen 800 mg and Colace 100 mg. On 09/08/2014, her treatment plan included renewal of her medications including Robaxin 750 mg. There was no rationale included in this workers chart. A Request for Authorization dated 08/31/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750 mg, ninety count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Online Edition, Low Back Webpage, Table 2 - Summary of Recommendations (www.acoempracguides.org), as well as the Official Disability Guidelines (ODG), and the Goodman and Gilman's The Pharmacological

Basis of Therapeutics, 12th Edition, McGraw-Hill, 2010, as well as the Physician's Desk Reference, 68th Edition

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

Decision rationale: The request for Robaxin 750 mg, ninety count is not medically necessary. The California MTUS Guidelines recommends that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with pain. In most cases, they show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time. The mechanism of action of Robaxin is unknown but appears to be related to central nervous system depressant effects with related sedative properties. Decisions are based on evidence based criteria. Muscle relaxants are supported for only short term use. Chronic use would not be supported by the guidelines. The submitted documentation revealed that this injured worker has been taking Robaxin since 01/17/2014, which exceeds the recommendations in the guidelines. Additionally, the request did not contain a frequency of administration. Therefore, this request for Robaxin 750 mg, ninety count is not medically necessary.