

Case Number:	CM14-0180741		
Date Assigned:	11/05/2014	Date of Injury:	10/31/2006
Decision Date:	12/11/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/30/2014

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 Physical Medicine and Rehabilitation 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:

This is a 51-year-old female with a date of injury of 10/31/06. Mechanism of injury was reaching from a toll booth to take a charge card toll from a trucker. She injured her back and had conservative care that included PT, meds, modified activity and a back brace. She was referred to a pain specialist, who did an epidural block. She was evaluated by an AME, and noted to have reached MMI for the neck on 12/18/08, MMI for the left shoulder on 4/13/09 and MMI for the low back on 12/18/08. Final AME diagnoses were left paracervical/upper back pain, chronic left shoulder pain, right wrist pain, chronic low back pain with radicular features, history of left breast cancer, nicotine dependency and morbid obesity. Future medical treatment recommendations include PT and/or prescription medications for flare-ups, including analgesics and muscle relaxants. ESI may also be considered. The patient has ongoing chronic symptoms and has been followed by a pain specialist. She has been on chronic meds that have included Robaxin. Utilization Review report on 6/25/14 cut the certified amount in half to only 15 pills. Following this reduction in Robaxin (and Norco), the patient began complaining of an increase in pain. That said, there were no symptoms, exam findings or diagnoses of significant muscle spasm. Most recent report prior to the most recent adverse UR determination on 10/01/14 was on 8/27/14. At that time, the patient reported spine pain that she thought was muscle tension, but exam showed normal paravertebral. Peer-to-peer was conducted, and the Utilization Review physician denied additional Robaxin, noting that guidelines do not support chronic use. The UR physician states that the clinician agreed with the decision on peer-to-peer contact.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg, #60: 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): 63-66.

Decision rationale: The CA MTUS recommends non-sedating muscle relaxants with caution 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 using Robaxin on a chronic basis with reports showing no significant findings of muscle spasm. Continued use of Robaxin 500 mg #60 was not medically necessary.