

Case Number:	CM15-0019491		
Date Assigned:	02/09/2015	Date of Injury:	03/14/2010
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/02/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 41 year old male, who sustained an industrial injury on 03/14/2010. He has reported bilateral lower neck pain and interscapular pain. The diagnoses have included cervicalgia; cervical facet joint syndrome; and status post C4-C5 ProDisc artificial disc replacement. Treatments have included medication and surgical intervention. Medications have included Ultram, Ibuprofen, Norco, and Robaxin. Fluoroscopically-guided bilateral C5-C6 and bilateral C6-C7 facet radiofrequency nerve ablation was performed on 10/02/2014. Currently, the IW complains of neck and interscapular pain. A progress note from the treating physician, dated 12/17/2014, reported objective findings to include tenderness upon palpation of the bilateral cervical paraspinal muscles overlying the C5-C7 facet joints; spasms in the neck and the trapezius; and cervical ranges of motion were restricted by pain in all directions. The treatment plan included medication prescription; and follow-up evaluation in four weeks. On 01/12/2015 Utilization Review noncertified a prescription for Urine Drug Screen; and a prescription for Robaxin 750 mg #120. The CA MTUS was cited. On 01/14/2015, the injured worker submitted an application for Urine Drug Screen; and for Robaxin 750 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 77-78; 94.

Decision rationale: According to MTUS guidelines, urine toxicology screens is indicated to avoid misuse/addiction. <(j) Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs>. There is no evidence that the patient have aberrant behaviour for urine drug screen. There is no clear evidence of abuse, addiction and poor pain control. There is no documentation that the patient have a history of use of illicit drugs. Therefore, the request for Urine drug screen is not medically necessary.

Robaxin 750mg #120: Upheld

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

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

Decision rationale: According to MTUS guidelines, Robaxin, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm or that he was experiencing an acute exacerbation of pain. There is no clear documentation of the efficacy of previous use of Robaxin (the patient had been prescribed Robaxin on an ongoing basis for long time). The request for Robaxin 750mg #120 is not medically necessary.