

Case Number:	CM15-0118253		
Date Assigned:	06/26/2015	Date of Injury:	02/05/2014
Decision Date:	07/27/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 29 year old female, who sustained an industrial injury on 2/5/14. She reported pain in her neck and upper back while handling a pallet jack. The injured worker was diagnosed as having cervicgia, thoracic spondylosis and thoracic sprain. Treatment to date has included physical therapy, trigger point injections and acupuncture. Current medication includes Robaxin since at least 3/18/15. As of the PR2 dated 5/27/15, the injured worker reports pain in her neck and mid back. She noted that Robaxin works well to keep the spasms manageable. Objective findings include loss of lordosis with some spasms in the lower cervical paraspinals, decreased and painful cervical range of motion and a palpable twitch in the thoracic paraspinal muscles. The treating physician requested Robaxin 500mg #120 x 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), p63 (2) Methocarbamol (Robaxin), p65.

Decision rationale: The claimant sustained a work injury in February 2014 and continues to be treated for neck and mid back pain. Treatments include medications, trigger point injections, acupuncture, and physical therapy. When seen, there were cervical and thoracic paraspinal muscle trigger points and decreased and painful cervical range of motion. Robaxin was refilled. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Drugs with the most limited published evidence in terms of clinical effectiveness include Robaxin (methocarbamol). In this case, there is no identified new injury or exacerbation. Robaxin has been prescribed on a long-term basis and the quantity prescribed is consistent with intended ongoing long term use. The request was not medically necessary.