

Case Number:	CM15-0142174		
Date Assigned:	08/26/2015	Date of Injury:	04/29/2008
Decision Date:	10/15/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/22/2015

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: California

Certification(s)/Specialty: Emergency 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 31 year old, female who sustained a work related injury on 4-29-08. The diagnoses have included complex regional pain syndrome in right leg, chronic pain syndrome, numbness, right ankle pain, right limb pain, insomnia, depression-anxiety and complex regional pain syndrome in right arm. Treatments have included oral medications and use of a spinal cord stimulator. In the Primary Treating Physician's Progress Report dated 6-11-15, the injured worker reports right leg pain. Her pain has been severe this month. She describes her right arm and right leg pain as constant burning, stabbing, pins and needles and aching type pain. She reports foot numbness. She reports her pain level as a 7 out of 10 with medications and a 10 out of 10 without medications. She states the pain is made worse with standing, walking, bending, sitting, and lifting. She reports the pain is made better with lying down, medications and injections. She has not noted any new or changed symptoms. Her pain is worse since last appointment. On physical exam, she has allodynia of lateral aspect of right foot. Her strength in the foot is limited by pain. The range of motion in right foot is limited due to pain. She is able to wiggle her toes. She is able to bring her right ankle to dorsiflexion neutral. She has not had psychiatric treatment for some time. She feels the Cymbalta has been helping with her depression and some of the nerve pain. She states the Gralise is helping with her sleep as well as her pain. She finds it is more effective than Gabapentin. The combination of the Tramadol and Gralise takes away about 35% of the pain, allowing her to walk with a cane instead of a walker or wheelchair. She has been taking Lunesta to help with her sleep difficulties related to pain caused by her industrial accident. She is working with restrictions. The treatment plan includes discontinuing Flexeril and starting Robaxin, increasing dose of Tramadol and refills of other medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Robaxin 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Robaxin or methocarbamol is a muscle relaxant. As per MTUS guidelines, evidence show that it is no better than NSAIDs and is considered a second line treatment due to high risk of adverse events and due to poor supporting evidence. It is recommended only for short course of treatment for acute exacerbations. Patient has been on Flexeril chronically and switching from one type of muscle relaxant to another is still not recommended. Robaxin is not medically necessary.

1 Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: As per MTUS Chronic pain guidelines, urine drug screen is an option to monitor patients for aberrant behavior and signs of abuse. Patient is chronically on opioids and the last urine drug screen on 5/15 was appropriate. Assessment for risk for abuse shows low risk. Guidelines generally only recommend yearly testing in patients at low risk for abuse and stable on opioids. It is unclear why another UDS was needed so soon after a recent benign test. Urine drug screen is not medically necessary.