MAXIMUS Federal Services

Case Number:	CM15-0179783		
Date Assigned:	09/21/2015	Date of Injury:	10/21/2009
Decision Date:	11/02/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 61-year-old female, who sustained an industrial injury on 10-21-2009. She has reported subsequent head, neck, bilateral shoulder and back pain and was diagnosed with degenerative disc changes at C5-C6 and C6-C7 with diffuse posterior facet arthropathy, small posterior protruding discs at C3-C5, disc protrusion and osteophyte at C5-C6, osteophyte formation at C6-C7, status post right shoulder arthroscopy in 2010 and status post left shoulder Mumford procedure in 2011. MRI of the cervical spine on 12-29-2009 showed cervical lordosis and chronic disc degenerative changes from C5-C7, diffuse posterior facet arthropathy, small posterior protruding discs at C3-C5, disc protrusion and osteophyte at C5-C6 and osteophyte formation at C6-C7. Treatment to date has included oral and topical pain medication, cervical medial branch block, radiofrequency denervation of C5-C7, radiofrequency ablation of C5-C7 medial branches bilaterally. The injured worker reported decreased pain and functional improvement with the use of pain medication and that without them she would have significant difficulty tolerating activities of daily living. In a progress note dated 07-30-2015, the injured worker reported ongoing pain in the neck and across the shoulders to the upper back, that was rated as 8 out of 10 without medication and 6 out of 10 with medication. The physician noted that the injured worker reported, "The patch is working really well." Objective examination findings showed tenderness and guarding in the cervical paraspinal musculature and decreased cervical range of motion secondary to pain. Work status was documented as permanent and stationary. A request for authorization of Robaxin 500mg #60 was submitted. As per the 08-13-2015 utilization, review the request for Robaxin was non-certified.

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 Medical Treatment 2009.

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

Decision rationale: According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, he claimant had been on muscle relaxants for several months including Robaxin. Long-term use is not recommended. In addition, the claimant was on opioids as well. The continued and chronic use of muscle relaxants such as Robaxin is not medically necessary.