

Case Number:	CM15-0064110		
Date Assigned:	04/10/2015	Date of Injury:	05/11/2006
Decision Date:	05/08/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/03/2015

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: Physical Medicine & Rehabilitation

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 51 year old male, who sustained an industrial injury on May 11, 2006. The injured worker had reported neck pain, back pain and headaches. The diagnoses have included a closed head injury, cervical strain with degenerative changes, cervical disc herniation, right shoulder strain with tendonitis, lumbosacral strain with mild degenerative changes, left shoulder strain, bilateral frozen shoulder, cervical tension headaches, mild anxiety and depression. Treatment to date has included medications, radiological studies, chiropractic care, electrodiagnostic studies, physical therapy, a home exercise program and cervical spine surgery. Current documentation dated February 23, 2015 notes that the injured worker reported neck pain equally on both sides that radiated into both shoulders and arms with associated numbness and tingling of the forearms, hands and fingers. The pain level was rated a seven out of ten on the visual analogue scale. He also reported occipital headaches. The injured worker had a cervical fusion performed on July 10, 2014. Physical examination of the cervical spine revealed a well healed incision, pain and a decreased range of motion. The treating physician's plan of care included a request for Robaxin 500 mg # 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Robaxin 500mg #180 is not medically necessary and appropriate.