

<b>Case Number:</b>	CM15-0068708		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	05/28/2013
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Preventive Medicine, Occupational 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 57 year old male, who sustained an industrial/work injury on 5/28/13. He reported initial complaints of neck, shoulder, back, and left lower extremity pain. The injured worker was diagnosed as having sprain of the lumbar, cervical regions; left shoulder impingement; and lumbar radiculopathy. Treatment to date has included medication, diagnostic testing, and orthopedic consultation. Currently, the injured worker complains of pain in the neck, back, left shoulder, left knee, and left foot. Per the primary physician's progress report (PR-2) on 2/10/15, there was tenderness to the left periscapular region, trapezius muscles, cervical and lumbar paraspinal muscles, spasm to the lumbar paraspinal muscles, decreased sensation on the left along the L5-S1 dermatomal pattern, and testing was positive for left shoulder impingement and lumbar nerve compromise. The requested treatments include Robaxin, left shoulder ultrasound guidance injection, and narrative report reviewing PQME report.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Robaxin 750mg:** 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 (for pain) Page(s): 63-6.

**Decision rationale:** Robaxin (methocarbamol) is a central-acting sedating muscle relaxant used to treat skeletal muscle spasms. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. They are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been treated with continuous use of Robaxin therapy for over 8 weeks. This is past the short-term use as noted by the MTUS guidelines and, therefore, there is no indication to continue its use. Medical necessity for this medication has not been established.

### **1 Left Shoulder Ultrasound Guidance Injection: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): Chp 3 pg 48; Chp 9 pg 204, 213. Decision based on Non-MTUS Citation Optimizing the Management of Rotator Cuff Problems Guideline and Evidence Report Adopted by the American Academy of Orthopaedic Surgeons, Board of Directors. December 4, 2010.

**Decision rationale:** There is limited research-based evidence or random controlled studies to endorse or disapprove use of corticosteroid injections for care of shoulder pain. According to ACOEM guidelines, injection of these medications should be reserved for patients who do not improve with more conservative therapies. However, there is enough evidence to consider these injections (up to 3 times) when other therapies have not been helpful, especially when the only other treatment being offered is surgery. Neither the ACOEM guideline nor the American Academy of Orthopaedic Surgeons guideline recommends ultrasound guidance for these injections. Medical necessity for use of ultrasound to guide the proposed steroid injection has not been established.

### **1 Narrative report reviewing PQME report: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 8 Neck and Upper Back Complaints Page(s): Chp 2 pg 21-28, 32-4; Chp 3 pg 43-5; Chp 8 pg 178. Decision based on Non-MTUS Citation California Labor Code 4060-8, 4600-15.

**Decision rationale:** The standard of care in America requires the medical provider to review medical records, test results and consultant reports regarding the medical care of their patients. The Qualified Medical Examiner's (QME) report is one such report. However, it is important to differentiate a QME's report from a consultant's report. The former is a medical-legal report used to determine an injured worker's eligibility for workers' compensation benefits whereas the latter is a report used to direct patient care. There is no requirement for a written report that reviews the QME assessment and recommendations, although commenting on the QME report in a patient's medical record documents that the provider is aware of the report. Medical necessity for the requested service has not been established.