MAXIMUS Federal Services

Case Number:	CM15-0072213		
Date Assigned:	04/22/2015	Date of Injury:	06/05/2009
Decision Date:	05/20/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/15/2015

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, 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 42-year-old female, with a reported date of injury of 06/05/2009. The diagnoses include left upper extremity pain, left elbow lateral epicondylitis, right lower extremity pain, and neck pain. Treatments to date have included cervical epidural steroid injections, oral medications, topical pain medications, cortisone injection to the ankle, an MRI of the right ankle, an x-ray of the right knee, an x-ray of the right foot, an x-ray of the lumbar spine, an MRI of the right knee, an MRI of the left elbow, electrodiagnostic studies of the upper extremities, an x-ray of the right ankle, and an MRI of the cervical spine. The progress report dated 03/19/2015 indicates that the injured worker complained of neck pain with radiation to her left upper extremity, and pain in her left shoulder, elbow, hand, right knee, right foot, and right ankle. She rated her pain 6 out of 10 with medications, and 10 out of 10 without medications. The physical examination showed limited range of motion of the cervical spine, tenderness over the occipital nerves, tenderness over the cervical spinous processes and interspaces at C4 to C7, tenderness over the bilateral cervical facet joints, tightness, tenderness, and trigger points in the cervical paravertebral, trapezius, levator scapulae, supraspinatus, infraspinatus, and rhomboid muscles bilaterally, minimal tenderness over the lateral epicondyle of the elbow and significant tenderness over the medial epicondyle on the left, tenderness over the right knee joint with increased pain in flexion and extension, and tenderness over the right ankle with decreased range of motion. The treating physician requested Relafen 500mg #60 and Robaxin 750mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Relafen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, the provider does note some pain relief with medications in general, but there is no indication of any objective functional improvement. In the absence of such documentation, the currently requested Relafen is not medically necessary.

Robaxin 750mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Robaxin, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement because of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Robaxin is not medically necessary.