

Case Number:	CM15-0075040		
Date Assigned:	04/24/2015	Date of Injury:	03/15/2002
Decision Date:	05/27/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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: Texas, 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:

This is a 60 year old female patient, who sustained an industrial injury on March 15, 2002. Diagnoses include cervical spine degenerative disc disease, cervical spine radiculitis, cervical spine disc displacement, and cervical spine post laminectomy syndrome. Per the progress note dated March 18, 2015, she had a chief complaint of neck pain radiating to the shoulder and arm, numbness and weakness of the arm, and numbness of the hands. The physical examination revealed limited cervical range of motion, no spasm, trapezius tenderness with axial compression test and decreased sensation in C4 and C5 dermatomes. The medications list includes norco, robaxin and nucynta. She has had EMG/NCS dated 11/5/2012, which revealed possible mild left C5 radiculopathy and right carpal tunnel syndrome. Treatment to date has included medications, ice, heat, rest, cervical spine epidural steroid injection, and cervical spine surgery. The medical record indicates that patient experienced increased pain when attempting to taper medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #60-BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: Request: Robaxin 750mg #60-BID. Robaxin contains Methocarbamol, which is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." The level of the pain with and without medications is not specified in the records provided. The need for robaxin on a daily basis with lack of documented improvement in function is not fully established. Muscle relaxants are not recommended for long periods of time. Evidence of muscle spasm or acute exacerbation is not specified in the records provided. The medical necessity of Robaxin 750mg #60-BID is not established for this patient at this juncture. The request is not medically necessary.

EMG/NCS BUE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: Request: EMG/NCS BUE. Per the ACOEM guidelines "Electromyography (EMG), and nerve conduction velocities(NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks." Patient had neurological symptoms in upper extremity. Per the records provided she has had EMG/NCS dated 11/5/2012 which revealed possible mild left C5 radiculopathy and right carpal tunnel syndrome. Significant changes in signs and symptoms since last EMG/NCS that would require repeat EMG/NCS for upper extremities are not specified in the records provided. In addition, per the cited guidelines "For most patients presenting with true hand and wrist problems, special studies are not needed until after a four- to six-week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out." Response to previous conservative therapy including physical therapy visits for the cervical spine is not specified in the records provided. Previous conservative therapy notes are not specified in the records provided. The medical necessity of EMG/NCS BUE is not fully established for this patient at this time.