

Case Number:	CM15-0091896		
Date Assigned:	05/18/2015	Date of Injury:	06/30/2008
Decision Date:	06/17/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/13/2015

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 67 year old female patient who sustained an industrial injury on 06/30/2008. A primary treating office visit dated 04/09/2015 reported the patient with current complaint of having increased pain since the last visit. She rates her pain a 7 out of 10 in intensity and states that it is constant. She also states that her left shoulder is a constant dull burning pain rated a 5 out of 10 in intensity. There have been no changes in the medication regimen. Objective findings showed there was diffuse tenderness to palpation to the cervical or lumbar paraspinals. Both cervical and lumbar range of motion is decreased by 50 %. There is some limited flexion and extension of bilateral knees consistent with osteoarthritis degeneration with crepitation on range of motion. She is diagnosed with left shoulder adhesive capsulitis; cervical and lumbar degenerative disc disease, and bilateral knee osteoarthritis. She has been using Voltaren prescribed by primary care physician. She still needs Norco and Gabapentin. Current medications are; Norco 10/325 one PO QID #120, Robaxin 750mg one PO TID #90, and Gabapentin 600mg one PO TID #90. She is to follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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 methocarbamol (Robaxin), Chronic Pain Medical Treatment Guidelines support the use of non-sedating 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 as a result of the methocarbamol. 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 methocarbamol (Robaxin) is not medically necessary.