

<b>Case Number:</b>	CM13-0043392		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/28/2005
<b>Decision Date:</b>	03/13/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 63-year-old female who reported an injury on 09/28/2005. The mechanism of injury was stated to be a trip and fall on cement, and the patient was noted to hit her knees. The patient was noted to have an electrodiagnostic study on 04/25/2013. The patient was noted to have a normal study with no electrodiagnostic evidence of focal nerve entrapment, lumbar radiculopathy or generalized peripheral neuropathy affecting the lower limbs. The patient was noted to have an MRI of the lumbar spine on 03/07/2009, which revealed a disc protrusion, 3 mm L4-S1 bilaterally, and nerve compromise. The patient's diagnosis was noted to be lumbar spine facet arthropathy. The request was made for a urine drug screen for medication monitoring purposes, an MRI to evaluate worsening low back pain and symptoms and Robaxin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of 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 Muscle Relaxants Page(s): 63.

**Decision rationale:** The Chronic Pain Guidelines indicate that the use of muscle relaxants is second-line treatment used for short-term acute exacerbations of chronic low back pain. It is indicated for no more than 2 to 3 weeks. The clinical documentation submitted for review failed to indicate that the patient had muscle spasms that would support the use of Robaxin. Additionally, there was a lack of documentation indicating a necessity for sixty (60) tablets, as the physician indicated it was for as needed use. Given the above, the request for one (1) prescription of Robaxin 750 mg #60 is not medically necessary.

**One (1) MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute and Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

**Decision rationale:** The Official Disability Guidelines indicate that repeat MRIs are appropriate for patients who have a significant change in symptoms and/or findings suggestive of a significant pathology. The patient was noted to have a pain management consultation on 07/24/2013, where the patient was noted to have pain in the left knee due to right knee symptoms. The patient was noted to have developed low back pain as a result of that. The patient indicated that the low back began hurting due to the antalgic gait that was noted to be because of the knees. The clinical documentation submitted for review failed to provide evidence that the patient had a significant change in symptoms or findings suggestive of a significant pathology. There was a lack of documentation of myotomal and dermatomal findings. The physical examination revealed that the patient had severely decreased range of motion, particularly with extension and tenderness to palpation. Sensation was noted to be intact to the lower extremities. The physician indicated that the patient had worsening low back pain and symptoms. However, given the above and the lack of dermatomal and myotomal findings, the request for one (1) MRI of the lumbar spine is not medically necessary.