MAXIMUS Federal Services

Case Number:	CM13-0064876		
Date Assigned:	01/03/2014	Date of Injury:	08/27/2007
Decision Date:	03/27/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/12/2013

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 Orthopedic Surgery and is licensed to practice in California. 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 52 year old male with a date of injury of 8/27/07. Diagnosed with cervical, lumbar, and scapular thoracic strain. Prior L5-S1 laminectomy in 1987. MRI (no date given) showed multilevel diffuse disc bulges with no evidence of root compromise and MRI (no date given) of lumbar spine showed multilevel disc disease and prutrsions but no defined nerve root compromise. Conservative care has included a two-level cervical epidural steroid injection and two lumbar ESI, along with PT, chiropractic care, home exercise, Neurontin, Tramadol, and Robaxin. Exam notes from 12/13/13 demonstrate current diagnosis of a thoracolumbar strain with multilevel cervical and lumbar disc protrusions and cervical sprain. The plan at the time was to continue with pool aquatic therapy and continuation of medications. Request for Robaxin 750mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750 mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), (2004), page 47, Muscle Relaxants

Decision rationale: According to the CA MTUS/ACOEM Guidelines regarding muscle relaxants, muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit, although they have been shown to be useful as antispasmodics. Side effects including drowsiness have been reported in up to 30% of patients taking muscle relaxants. Muscle relaxants act on the central nervous system and have no effect on peripheral musculature. They may hinder return to function by reducing the patient's motivation or ability to increase activity. In this case there is insufficient evidence in the records to warrant use of Robaxin, a muscle relaxant for chronic use as there is no documentation of functional improvement in the records. Therefore determination is for non-certification.