

Case Number:	CM14-0106060		
Date Assigned:	09/16/2014	Date of Injury:	09/11/2009
Decision Date:	12/03/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/09/2014

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. The expert reviewer is Board Certified in Occupational and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in West Virginia and Ohio. 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/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:

This individual is a 36 year old female with a 9/11/09 date of industrial injury. She slipped, fell and injured her left thigh and lower back. She was diagnosed with a lumbar strain and lumbar radiculopathy. The individual has a history of hydronephrosis, hemorrhoids, depression, endometriosis, and chronic right upper quadrant pain, which she states started after her back surgery. An MRI done 11/23/09 showed large disc protrusion at L4-5 with probable nerve impingement of the left and possible the right descending L5 roots. L5-S1 showed central disc protrusion with contact against both S1 sleeves. Surgical history includes; laminectomy, left urethral stent placement and hysterectomy. In the latest physical examination available dated 3/31/14 she complained of constant and radiating pain with weakness, stiffness, and numbness in the lower extremities. Tenderness was noted with palpation to the paraspinal muscles. This individual participates in PT/HEP. Current medications include Norco, Lyrica, Aciphex, Phenergan, Imitrex, Soma, Lidoderm patches, Effexor, and Elavil. She began taking Robaxin in March 2014 after Zanaflex was demonstrated to be ineffective. This request is for Robaxin 50mg, for lumbar spine spasm/pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 50mg, for the lumbar spine.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: MTUS states regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Individual does not appear to be experiencing an acute exacerbation. She is described as having chronic lower back pain. She was switched from one muscle relaxant, Zanaflex, to Robaxin in March. Robaxin is one of the least studied muscle relaxants in regards to clinical effectiveness. Muscle Relaxants show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence."The medical records indicate that Methocarbamol has been prescribed since 3/31/14, which exceeds what would be considered short-term treatment. Medical documents also do not indicate what first-line options were attempted and the results of such treatments. Additionally, records do not indicate functional improvement with the use of this medication or other extenuating circumstances, which is necessary for medication usage in excess of guidelines recommendations. As such, the request for Robaxin 50mg, for the lumbar spine is not medically necessary and appropriate.