

Case Number:	CM14-0109581		
Date Assigned:	08/01/2014	Date of Injury:	01/25/2010
Decision Date:	10/20/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/15/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 injured worker is a 48 year old female employee with date of injury of 1/25/2009. A review of the medical records indicate that the patient is undergoing treatment for chronic lumbar backache, radiculopathy pain in lower extremities, recurrent myofascial strain, reactive anxiety and depression. Subjective complaints include pain alleviation with medications. This is the only mention of the success of the medications. Objective findings include 40% pain relief and relief of spasm with the treatment regimen; painful restricted range of motion in the lumbar region with reduced deep tendon reflexes in the lower extremity that is indicative of chronic radiculopathy. Stiffness of low back and spasms are noted. Numbness and tingling of left lower extremity is also noted. Patient ambulates with a cane. Treatment has included multimodality conservative treatment included physical therapy, acupuncture, home exercise, Norco and Robaxin. Additional medications have included Cyclobenzaprine 1/day for 30 days (Dec 2013 to Jan 2014), Docusate sodium 100mg capsule 1-3/day #90 5 refills (start Oct 2013), Motrin 800mg (start July 2013), Omeprazole 20mg 1/day #90 (start Oct 2013), Prednisone, and Vicodin 5mg-500mg tablet 3/day (Dec 2013-Jan2014). The utilization review dated 6/27/2014 non-certified the request for Robaxin 500mg #60 due to lack of support in medical guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

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 low back pain" and ". . . they show no benefit beyond non-steroidal anti-inflammatory drugs (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." 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 500mg #60 is not medically necessary.