MAXIMUS Federal Services

Case Number:	CM14-0011833		
Date Assigned:	02/21/2014	Date of Injury:	05/21/2008
Decision Date:	07/29/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/29/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 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 is a 61-year-old with a May 21, 2008 date of injury, when using a shovel to dig up an impact sprinkler head by a pine tree. Put weight on the shovel hit a root and felt pain from bottom of foot to the neck, on the right side. January 16, 2014 determination was non-certified given no support for long term use of muscle relaxers. February 7, 2014 medical report identified low back and neck pain. Exam revealed trigger point in the muscle of the head and neck. Pain with range of motion. Lumbar spine with positive straight leg raise and trigger points. There is also painful range of motion. Prescriptions included baclofen, Robaxin, and Tylenol #3. December 13, 2013 medical report identify basically the same subjective and objective finding that on the most recent evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Robaxin 750mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants.

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

Decision rationale: TheChronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain), however, in most LBP cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement. The patient apparently has increased low back pain. However, it appears that the patient's trigger points are chronic in nature. There was no clear rationale identifying the necessity of chronic use of muscle relaxants. In additon, the most recent medical report identified a prescription for baclofen and Robaxin without indication of the necessity for prescribing two muscle relaxants concurrently. The request for pharmacy purchase of Robaxin 750mg, ninety count, is not medically necessary or appropriate.