

Case Number:	CM14-0015959		
Date Assigned:	06/04/2014	Date of Injury:	01/02/2001
Decision Date:	07/11/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/07/2014

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 Medicine, 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 49-year-old male with a 1/2/01 date of injury. The exact mechanism of injury has not been provided for review. On 1/24/14, the patient presented with severe intractable lower back pain radiating into his lower limbs. The patient reports 6/10 pain. Lumbar range of motion was restricted by pain in all directions. Muscle strength is 4/5 in bilateral lower extremities. The Robaxin provides 50% improvement of his spasm with maintenance of his activities of daily living. The diagnostic impression was of failed back surgery syndrome, bilateral lower extremity radiculopathy, and hypogonadism. Treatment to date included a spinal cord stimulator, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROBAXIN 750MG #60 WITH THREE (3) REFILLS: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines 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, however, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. However, there is no description of an acute exacerbation of the patient's chronic pain that would warrant the short-term use of a muscle relaxant. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. As such, the request is not medically necessary.