

Case Number:	CM14-0155394		
Date Assigned:	09/25/2014	Date of Injury:	11/12/2013
Decision Date:	10/27/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family 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 42-year-old male patient who reported an industrial injury to the back on 11/12/2013, 11 months ago, attributed to the performance of his usual and customary job tasks. The patient complains of thoracic back pain. The patient has been treated with 18 sessions of physical therapy. The objective findings on examination included pain to palpation between the scapulas bilateral; no palpable spasms; no radiculopathy of upper extremities. The MRI of the left knee dated 2/12/2014, documented a normal examination of the knee. The MRI the lumbar spine dated 1/27/2014, documented no evidence for significant discogenic or degenerative changes; specifically no evidence for disc bulge herniation, spinal stenosis, mass effect on Central or exiting nerve roots. The treatment diagnosis was left knee strain; lumbar spine sprain; left ITBS; thoracic sprain/strain. The treatment plan included 3x4 sessions of chiropractic care directed to the thoracic and lumbar spine. The patient was prescribed Robaxin 500 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic (Unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Back chapter--Manipulation

Decision rationale: The request for chiropractic care for the chronic back pain is not supported with objective evidence to support medical necessity and is not demonstrated to be effects of the industrial injury. The requested treatment is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the medical necessity of chiropractic care as opposed to the recommended home exercise program. The patient should be participating in a self-directed home exercise program for the treatment of her chronic lower back pain. The requested treatment is being directed to chronic back pain, which is inconsistent with the recommendations of the revised ACOEM Guidelines for the treatment of the lower back. There is no documented objective evidence that the patient cannot participate in a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. Therefore, the request for chiropractic (unspecified) is not medically necessary and appropriate.

Robaxin 500mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47 128, Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63. Decision based on Non-MTUS Citation Pain Chapter Muscle relaxants

Decision rationale: The prescription for Robaxin is not demonstrated to be medically necessary in the treatment of chronic back pain or for chronic pain syndrome. The patient is prescribed Robaxin 500 mg for chronic pain. The Robaxin appears to be prescribed routinely for chronic pain instead of prn for occasional muscle spasms. There is no medical necessity for the routine prescription of muscle relaxers on a daily basis for the treatment of chronic pain. The use of muscle relaxants is not recommended by the CA MTUS or the Official Disability Guidelines for the treatment of chronic back pain without demonstrated muscle spasms. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment. The use of the Robaxin is not supported with objective evidence to support medical necessity. There were no documented muscle spasms; no demonstrated exacerbations with spasm; and no rationale to support the medical necessity for Robaxin 500 mg. The prescription of the Robaxin (Methocarbamol) routinely on a daily basis is not directed to muscle spasm flare-ups on a prn basis as recommended by the CA MTUS. Robaxin and is recommended as a second line option for the short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to be diminished over time and prolonged use of some medications in this class may lead to dependence. Therefore, the request for Robaxin 500mg is not medically necessary and appropriate.

