

Case Number:	CM14-0172538		
Date Assigned:	10/23/2014	Date of Injury:	07/11/2005
Decision Date:	12/02/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/18/2014

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 Internal 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:

The patient is an injured worker who is status post lumbar spine surgery. Date of injury was 07-11-2005. The patient's diagnoses were low back pain and lumbosacral radiculitis. The progress report dated 6/20/14 documented past lumbar fusion surgery and past prescriptions of Norco and Robaxin. The patient was status post lumbar fusion with residual low back and lower extremity symptoms. Robaxin and Norco were prescribed. The progress report dated 8/15/14 indicated the patient had low back pain associated with numbness, tingling and weakness of the lower extremities. The patient was using Robaxin and Norco. On physical examination, the patient had spasm and tenderness over the lumbar spine with decreased range of motion. The treatment plan was to continue medications. Utilization review determination date was 09/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #60 for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64, 75-78.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Robaxin (Methocarbamol) <http://www.drugs.com/pro/robaxin.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Drugs with the most limited published evidence in terms of clinical effectiveness include methocarbamol. FDA Prescribing Information document that Robaxin is indicated for acute musculoskeletal conditions. Medical records indicate the long-term use of Robaxin for chronic conditions. MTUS and FDA guidelines do not support the long term use of Robaxin for chronic conditions. Therefore, the request for Robaxin 750 mg #60 for the lumbar spine is not medically necessary.