

Case Number:	CM14-0020735		
Date Assigned:	04/30/2014	Date of Injury:	09/02/2001
Decision Date:	07/08/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Georgia. 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 claimant is a 36-year-old male presenting with chronic pain following a work-related injury on September 2, 2001. On February 4, 2014, the claimant complains of low back pain radiating to the lower extremities with the left being greater than the right. The pain was described as achy burning feeling, slowly increasing severity, progressively more severe since November 2014. The pain radiated to right and left anterior thigh and the left anterior leg described as burning paresthesia. The claimant reported increased low back and leg pain with flexion, transitional sit to stand and Valsalva. The pain was rated as 9 out of 10 without medication to a 5-6 out of 10 with medications. The physical exam was significant for positive left straight leg raise, range of motion and reduced and guarded, tender to palpation lumbosacral spine and left sciatic notch, strength 4 out of 5 left extensor hallucis longus and deep tendon reflexes 1 out of 4 at the Achilles and hypoesthesia left lateral leg and dorsum left foot. The claimant's medications included Robaxin and Norco. The claimant was diagnosed with spondylolisthesis grade 1, and L5-S1 foraminal stenosis with impingement on L5 nerve root.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROBAXIN 750MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 65.

Decision rationale: Robaxin 750mg is not medically necessary. Robaxin is Methocarbamol. Per CA MTUS, the mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. This drug was approved by the FDA in 1957. Side effects are drowsiness, dizziness and lightheadedness. Dosing amount is 1500 mg four times a day for the first 2-3 days, then decreased to 750 mg four times a day. (See, 2008). Robaxin is not recommended for long-term use particularly because the mechanism of action is unknown. According to the medical records, the claimant had long-term use with this medication; therefore, the requested medication is not medically necessary.

TORADOL 10MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: Toradol 10mg is not medically necessary. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records did not document that the claimant had moderate to severe pain requiring treatment with a Toradol injection. The medication is therefore, not medically necessary.