

Case Number:	CM14-0032007		
Date Assigned:	06/20/2014	Date of Injury:	06/28/2012
Decision Date:	07/17/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/13/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 57 year old female who reported injury to the back on 06/28/2012 secondary to a slip and fall type injury. The injured worker complained of pain and stiffness to the back that increased with standing and sitting. She described the symptoms as frequent, moderate and sharp with motion and rates her pain a 6/10 with medication, 8/10 without medication with duration of relief of 5 hours. Examination revealed tenderness to the left rhomboid, decreased range of motion, positive straight leg raise test, and muscle strength of 4/5 for both flexion and extension joint pain and muscle spasms. Sensory was within normal limits. She had a MRI (magnetic resonance imaging) that concluded mild to moderate disc changes and additional incidental findings without significant disc protrusion, central or foraminal stenosis. The injured worker had diagnoses of thoracic sprain/strain with myofascial pain syndrome, myalgia and myotonia. She had past treatments of a home exercise program and stretching. Her medications were ultram, anaprox, flxeril and terocin topical cream. The treatment plan is to continue work with restrictions and modification of workstation, discontinue flexeril, and start robaxin 750mg one tab twice a day. The request for authorization form was signed and dated 02/18/2014. There is no rationale for the request for robaxin 750mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: CA MTUS chronic pain medical treatment guidelines for muscle relaxants recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The request did not specify the duration of use and is for #120, which exceeds short-term usage if taking one tablet twice a day as explained in clinical notes. Therefore, the request for Robaxin 750mg #120 is not medically necessary.