

Case Number:	CM14-0035339		
Date Assigned:	06/23/2014	Date of Injury:	09/06/1996
Decision Date:	07/24/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/21/2014

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 Neurology has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 a 52 year old man who sustained a work-related injury on September 6, 1996. Subsequently he developed with chronic back pain. The patient underwent the L4-L5 spinal fusion followed by a revision of the level of L4-L5 on April 2013. According to report dated on November 14, 2015 the patient condition was improving and has completed physical therapy. He reported neck pain with numbness and tingling in both hands in the he also reported continuous low back pain. His neurologic examination was normal. The patient was ambulating normally and was able to toe heel walk and toe walk without difficulty. According to the note of December 27, 2013, the patient pain level was 6-7/10 with medication. The patient was continued with MS Contin, Robaxin and Neurontin according to the report of January 23 2014, the patient pain level was 7/10 with medications the patient was using MS Contin, Neurontin, Viagra, Colace and Robaxin. The provider requested authorization to continue Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 63-65, 78.

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

Decision rationale: According to MTUS guidelines, Robaxin, non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Robaxin is not justified. There is no clear documentation of the efficacy of previous use of Robaxin. Therefore, the request for Robaxin 750mg #60 is not medically necessary.