

Case Number:	CM14-0061051		
Date Assigned:	07/09/2014	Date of Injury:	12/01/1997
Decision Date:	10/24/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/01/2014

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 39 year old female presenting with chronic pain following a work related injury on 01/14/2010. The claimant reported neck, low back and bilateral lower extremity pain as well as right arm, right wrist/hand and right hip pain. The claimant was diagnosed with lumbar disc displacement, cervical, and lumbar disc disease, radiculitis, sciatica, coccydynia, neck, low back and thoracic pain. The lumbar MRI on 06/12/13 showed left L4-5 disc extrusion. Electrodiagnostic studies of the upper extremities on 06/14/2012 showed mild to moderate right carpal tunnel syndrome and no cervical radiculopathy. The physical exam showed tender lumbar spine, positive straight leg raise, tenderness to palpation in the trapezius, and rhomboids bilaterally. The claimant's medications included Ketoprofen, Prilosec, Hydrocodone, and Orphenadrine which provided 25-50% relief with an 8/10 pain score. A claim was placed for Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics, Page(s): 65.

Decision rationale: Robaxin 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: Drowsiness, dizziness and lightheadedness. Dosing: 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. Robaxin is also not medically necessary because it was prescribed in combination with other medications.