

Case Number:	CM14-0061225		
Date Assigned:	07/09/2014	Date of Injury:	09/18/2000
Decision Date:	10/01/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/02/2014

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 77 year old male who reported an injury on 09/18/2000. The mechanism of injury was not indicated. His diagnoses included lumbago, increased insomnia, and increased back pain. His past treatments included medication, use of a walking cane, injections, and urine drug screens. On 04/11/2014, the injured worker complained of insomnia and reported that the injection and muscle relaxers were controlling his pain. At that time, he rated his back pain 2/10 with medications and 8/10 without. The physical examination findings were handwritten and indecipherable. His medications included Vicodin, Robaxin 750mg, Restoril, and Lunesta. The treatment plan encompassed the use of Robaxin 750mg 1 tab orally three times a day and Lunesta 3mg. The rationale for the request was not indicated in the clinical notes. The Request for Authorization form was signed and submitted on 04/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg # 45 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Pain Procedure Summary last updated 01/07/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-65.

Decision rationale: The request for Robaxin 750mg #45 with 2 refills is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. The efficacy of muscle relaxants appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The mechanism of action for Methocarbamol (Robaxin) is unknown, but appears to be related to central nervous system depressant effects with sedative properties. Based on the clinical notes, the patient has a diagnosis of lumbago and has been treated with medications and injections. The injured worker reported a pain level of 2/10 with medications and 8/10 without medications. He has been prescribed Robaxin 750mg since approximately 04/11/2014 and he reported to his provider that the medication was effectively controlling his pain. The guidelines state recommend muscle relaxants as a second line option for short term exacerbations of pain. The use of Robaxin since 04/11/2014 exceeds the recommendation for "short-term" treatment only. Additionally, the clinical notes fail to indicate quantitative objective evidence to clearly correlate the increase in functionality. Additionally, the request, as submitted, did not specify a frequency of use. Therefore, the continued use of Robaxin 750mg #45 with two refills is not medically necessary.