

Case Number:	CM14-0064461		
Date Assigned:	07/11/2014	Date of Injury:	11/10/1992
Decision Date:	09/09/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/07/2014

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 General Preventive Medicine, and is licensed to practice in Indiana. 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:

This employee is a 68 year old female with date of injury of 11/10/1992. A review of the medical records indicates that the patient is undergoing treatment for long-standing lower back pain with radiation down both to both legs. Subjective complaints include continued lower back pain and spasms. Objective findings include tenderness to palpation of the lower lumbar paraspinal muscles with guarding; diminished sensation down bilateral thighs; EMG showing right L5 and L4 lumbosacral radiculopathies; MRI showing L4-5 disc bulge. Treatment has included Ultram, Robaxin, and Neurontin. The utilization review dated 4/23/2014 non-certified Robaxin, Ultram, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg 1-2 q6hrs prn muscle spasm: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <antispasmodics> Page(s): 64-65.

Decision rationale: The guidelines cited above indicated that medications such as Robaxin which are antispasmodics are "used to decrease muscle spasm in conditions such as LBP

although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known." The accepted dosing for Robaxin is "1500 mg four times a day for the first 2-3 days, then decreased to 750 mg four times a day". The note dated 5/27/2014, after the UR determination showed enough current clinical data to justify continued usage. The patient continues to have some level of success with controlling muscle spasms using Robaxin. Therefore, the request for Robaxin is medically necessary.