

Case Number:	CM14-0071444		
Date Assigned:	07/23/2014	Date of Injury:	10/26/2010
Decision Date:	09/17/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/16/2014

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 Occupational Medicine and is licensed to practice in California. 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:

According to the records made available for review, this is a 56-year-old male with a 10/26/10 date of injury at the time (4/28/14) of request for authorization for Robaxin 750 MG (unspecified quantity). There is documentation of subjective chronic lower back pain and objective tenderness to palpation over the lumbar paraspinal area with decreased range of motion. The current diagnoses include lumbar spondylosis and lumbar post-laminectomy syndrome. Treatment to date includes ongoing therapy with Robaxin since at least 11/8/13). There is no documentation of acute exacerbation of chronic low back pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750 MG (unspecified quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of lumbar spondylosis and lumbar post-laminectomy syndrome. In addition, there is documentation of chronic low back pain. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Robaxin since at least 11/8/13, there is no documentation of short-term (less than two weeks) treatment. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Robaxin. Therefore, based on guidelines and a review of the evidence, the request for Robaxin 750 MG (unspecified quantity) is not medically necessary.