

Case Number:	CM14-0074310		
Date Assigned:	07/16/2014	Date of Injury:	07/14/2005
Decision Date:	08/15/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/22/2014

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 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 63-year-old male with a 7/14/05 date of injury. At the time (4/25/14) of the Decision for retrospective request for 1 Prescription of Robaxin 750mg #120 (3 month supply between 3/18/2014 and 3/18/2014), there is documentation of subjective (low back pain with occasional flare ups) and objective (tenderness over the lumbar paraspinal musculature) findings, current diagnoses (low back pain), and treatment to date (medications (including ongoing treatment with Robaxin since at least 10/22/12)). Medical reports identify that medications allow patient to continue working full time and to carry out activities of daily living. There is no documentation of the intention to treat over a short course (less than two weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 Prescription of Robaxin 750mg #120 (3 month supply between 3/18/2014 and 3/18/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines May 2009; muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation 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 a diagnosis of low back pain. In addition, there is documentation of exacerbation of chronic low back pain. Furthermore, given documentation of ongoing treatment with Robaxin which allows patient to continue working full time and to carry out activities of daily living, there is documentation of functional benefit and improvement as a reduction in work restrictions; and an increase in activity tolerance as a result of Robaxin use to date. However, given documentation of records reflecting prescriptions for Robaxin since at least 10/22/12, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for retrospective request for 1 Prescription of Robaxin 750mg #120 (3 month supply between 3/18/2014 and 3/18/2014) is not medically necessary.