

Case Number:	CM14-0080828		
Date Assigned:	07/18/2014	Date of Injury:	09/06/2013
Decision Date:	09/23/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/28/2014

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 and Rehabilitation and is licensed to practice in Illinois. 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 58-year-old male who reported an injury on 08/27/2013. The mechanism of injury was from lifting produce. The injured worker diagnoses included acute sacroiliac strain. Past treatments included stretching exercises, lumbar support, physical therapy, and medications. Diagnostic studies include x-rays of his back, MRI of his back area. Past surgical history included a colonoscopy. On 03/21/2013 back injury at work 09/2013. On 03/04/2014 the injured worker was seen for back pain. The injured worker had returned to work and does not use pain medication. Upon examination the injured worker had mild tenderness in the right lower rhomboid area of the left lumbosacral region. There was a burning sensation down to the right testicular region, mild exacerbation of his pain with right and left straight leg raise, somewhat restricted internal/external rotation/flexion. Recommendations rotation the injured worker encouraged to keep up his routine stretching and strengthening exercise, physical therapy, continue to wear the lumbosacral support belt, to start Mobic once a day for pain, have MRI of the back or would like to also have sacroiliac joint films bilaterally. Current medications include meloxicam 15 mg 1 tablet every day, Lisinopril 10 mg 1 daily, aspirin low dose chewable 1 daily, Flomax 0.4 mg 1 daily for prostate, and Cardura 2 mg 1 daily. The request is for Robaxin 750 mg. The rationale and request for authorization were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, muscle relaxants Page(s): 63-66.

Decision rationale: The request for Robaxin 750 mg is non-certified. The patient has a history of cervical pain. CA MTUS recommends that non-sedating muscle relaxants be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Muscle relaxants would not be supported by the guidelines. The documentation does not identify spasticity and there was no documentation of significant functional/vocational benefit with the use of muscle relaxants. There was a lack of documentation as to muscle spasms at this time. There was a lack of frequency upon the request. There was a lack of documentation of quantity requested. As such, the request is not medically necessary.