

Case Number:	CM14-0086350		
Date Assigned:	07/23/2014	Date of Injury:	05/06/2004
Decision Date:	08/29/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 44 year old male who sustained an injury on 05/06/04. No specific mechanism of injury was noted. The injured worker underwent prior lumbar fusion from L5 to S1 in what appeared to be 2007. The injured worker was followed for failed back surgery syndrome and managed with multiple medications including analgesics and muscle relaxers. The clinical record from 04/15/14 noted ongoing complaints of low back pain. Physical examination noted tenderness to palpation in the lumbar spine with loss of range of motion. Sensation was decreased in right S1 distribution. Robaxin 750mg one to two tablets twice daily was continued at this visit. Follow up on 07/18/14 noted continuing complaints of low back pain with tenderness to palpation in the lumbar spine. Straight leg raise continued to be positive to the right. The requested Robaxin 750mg #60 was denied by utilization review on 05/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg, count 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the use of Robaxin 750mg quantity 60, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended ongoing use of this medication at this time. This request is not medically necessary.