

Case Number:	CM14-0087697		
Date Assigned:	07/23/2014	Date of Injury:	03/25/2009
Decision Date:	08/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/10/2014

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 Management 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 41-year-old male with a 3/25/09 date of injury. At the time (5/14/14) of the request for authorization for Robaxin 750 mg #60, there is documentation of subjective (pain that is on average a 5/10, with his medications he can walk up to 45 minutes, but without his medications he can walk perhaps 10 to 15 minutes at the most) and objective (no upper tract findings, unable to elicit any ankle clonus, the rest of examination is unchanged) findings, current diagnoses (low back pain with disk herniations at L4-5 and L5-S1, history of operative fixation, and lumbar radiculopathy), and treatment to date (medication including Robaxin for at least 4 months). 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 with 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 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: The MTUS Chronic Pain Guidelines indicates that Flexeril is recommended for a short course of therapy. The ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of low back pain with disk herniations at L4-5 and L5-S1, history of operative fixation, and lumbar radiculopathy. In addition, there is documentation of treatment with Robaxin for at least 4 months. However, there is no documentation of acute muscle spasm. 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 with use of Robaxin. Furthermore, given documentation of records reflecting prescriptions for Robaxin since at least 1/15/14, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, the request is not medically necessary and appropriate.