

Case Number:	CM14-0092795		
Date Assigned:	07/25/2014	Date of Injury:	07/10/1997
Decision Date:	08/28/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/19/2014

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 Texas and Oklahoma. 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 63-year-old male who reported a pulling injury on 07/10/1997. On 01/30/2014, the injured worker presented with neck, low back, upper and lower extremity pain. Upon examination of the lumbar spine, there is spasm noted to the bilateral paraspinous musculature and tenderness to palpation over the paravertebral area L4-S1 levels. There was moderate range of motion secondary to pain, and pain was significantly increased with flexion and extension. The diagnoses were lumbar disc displacement, lumbar post laminectomy syndrome, lumbar radiculopathy, lumbar spinal stenosis, and post spinal cord stimulator. Current medications included Provigil, Wellbutrin, Celebrex, gabapentin, metformin, Protonix, Robaxin, tramadol, and zolpidem. Provider recommended Robaxin. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

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

Decision rationale: The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation. They show no benefit beyond NSAIDs and pain relief in overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The injured worker has been prescribed Robaxin since at least February 2014 and documentation of the efficacy of the medication was not provided. Additionally, the provider's request for Robaxin 500 quantity of 90 exceeds the guidelines recommendation of short-term treatment. The provider's request does not indicate the frequency of the medication in the request submitted. As such, the request is not medically necessary.