

Case Number:	CM14-0118083		
Date Assigned:	08/06/2014	Date of Injury:	09/19/2003
Decision Date:	04/17/2015	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 49 year old female, who sustained an industrial injury on 9/19/2003. The diagnoses have included low back pain, lower extremity paresthesias, lumbar post laminectomy syndrome, lumbar degenerative disc disease, myofascial pain and seizure disorder. Treatment to date has included physical therapy, chiropractic therapy, trigger point injections and medication. According to the progress report dated 7/3/2014, the injured worker presented for evaluation of low back pain and seizures. Physical exam revealed significant trigger points in the paraspinal muscles bilaterally. The treatment plan included Robaxin as muscle relaxants had been helpful in the past. Lab work was to be done prior to ordering Ibuprofen. A urine toxicology screen was done at the visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #75 with (1) Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63, 65.

Decision rationale: Robaxin is the muscle relaxant methocarbamol. The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. Side Effects include drowsiness, dizziness and lightheadedness. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown 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. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient has been using robaxin since July 2014. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be authorized.