

Case Number:	CM14-0143990		
Date Assigned:	09/12/2014	Date of Injury:	09/18/1991
Decision Date:	07/15/2015	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/05/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female, who sustained an industrial injury on 09/18/1991. The injured worker is currently diagnosed as having chronic pain syndrome, chronic lumbar back pain, lumbar spine degenerative disc disease, post lumbar laminectomy syndrome, status post lumbar arthrodesis, depression, and generalized anxiety disorder. Treatment and diagnostics to date has included lumbar laminectomy, home exercise program, and medications. In a progress note dated 08/13/2014, the injured worker presented with complaints of right leg, bilateral buttock, bilateral hip, and bilateral low back pain. Her pain level was noted to range from 2 to 6 out of 10 with an average pain level of 4 out of 10 with medications and average of 5 out of 10 pain level without medications. Objective findings include lumbosacral tenderness. The treating physician reported requesting authorization for Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Drug Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), p63 (2) Methocarbamol (Robaxin), p65 Page(s): 63, 65.

Decision rationale: The claimant has a remote history of a work injury occurring in September 1991 and continues to be treated for low back, buttock, hip and right lower extremity pain. When seen, there was paraspinal muscle tenderness. Robaxin was being prescribed on a long-term basis. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Drugs with the most limited published evidence in terms of clinical effectiveness include Robaxin (methocarbamol). In this case, there is no identified new injury or exacerbation and muscle relaxants have been prescribed on a long-term basis. Robaxin was not medically necessary.