

Case Number:	CM14-0177297		
Date Assigned:	10/30/2014	Date of Injury:	06/26/1997
Decision Date:	02/28/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/27/2014

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: California

Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

56 year old female claimant with an industrial injury dated 06/26/97. The patient is status post three left knee surgeries, and one right knee surgery with the first in June 2011. Exam note 09/19/14 states the patient returns with pain; in which she rates a 5/10. Upon physical exam the patient demonstrated a limited range of motion of the lumbar spine with deficits in flexion and extension. The patient's exam demonstrated positive lumbar facet loading on both sides. Exam straight leg raise test was noted as negative. Exam Hawkins, Speed, and drop arm test are all noted as positive. There was evidence of tenderness surrounding the subdeltoid bursa present. Range of motion of the left shoulder was noted as restricted with an abduction of 140' with pain. The patient also reveals a limited left knee flexion in which only went to 120'. Diagnosis is noted as lumbar radiculopathy. Treatment includes a continuation of medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg tablet #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-65.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants such as Robaxin are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. As the patient has no evidence in the records of 9/19/14 of significant spasms objectively, the determination is for non-certification for Robaxin as it is not medically necessary and appropriate.