

Case Number:	CM14-0195202		
Date Assigned:	12/02/2014	Date of Injury:	04/26/2006
Decision Date:	01/22/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/21/2014

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 Rehab, has a subspecialty in ENTER SUBSPECIALTY 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:

The patient is a 50 year old male with an injury date on 4/26/06. The patient complains of low lumbar pain, right > left per 9/2/14 report. The patient also has bilateral leg pain, and the patient is allowed to stand, walk, and tolerate activities of daily activities per 9/30/14 report. The patient had a flare-up of back pain for the past 2-3 days, which was due to increased activity (he walked over a mile and hadn't done that in months) per 8/6/14 report. Based on the 8/6/14 progress report provided by the treating physician, the diagnoses are: 1. lumbar degenerative disc disease 2. lumbar radiculitis 3. lumbar spondylosis 4. s/p lumbar spine fusion surgery 5. chronic opioid therapy A physical exam on 9/2/14 showed "positive straight leg raise." The 8/6/14 report showed decreased L-spine range of motion. The patient's treatment history includes medications, home exercise program, weight loss program. The treating physician is requesting 45 tablets of robaxin 750mg. The utilization review determination being challenged is dated 11/5/14. The requesting physician provided treatment reports from 3/12/14 to 9/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

45 tablets of Robaxin 750 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril, Muscle relaxants (for pain) Page(s): 41-42, 63-66.

Decision rationale: This patient presents with lower back pain. The treater has asked for 45 tablets of ROBAXIN 750mg on 9/2/14, noting "wean Norco, increase Robaxin (spasms worse)." Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient recently had a flare-up of back pain on 8/6/14, but the treater does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation, and this request is for 45 tablets of Robaxin. The request IS NOT medically necessary.