

Case Number:	CM14-0208210		
Date Assigned:	12/22/2014	Date of Injury:	05/18/2010
Decision Date:	02/18/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/12/2014

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 patient is a 52-year-old man who sustained a work-related injury on May 18, 2010. Subsequently, the patient developed chronic right knee pain. The patient ruptured his right quadriceps tendon and underwent right quadriceps tendon repair surgery on May 24, 2010. He did require 4 additional surgeries for the right knee, but continued to remain significantly symptomatic at the right knee. According to a progress report dated November 14, 2014, the patient reported he continues to feel worsening of his right knee pain. He felt that the grinding in his right knee was worsening and patient stated that his ambulation was worsening as well. The patient reported that medications continue to help reduce some of his pain level. Physical examination revealed patient's gait was significantly altered favoring his right lower extremity. Palpation of the right knee revealed tenderness at the medial and lateral joint lines. Range of motion of the right knee was decreased by 40% with flexion and 20% with extension. There was negative anterior/posterior drawer and lateral/medial collateral ligament stress tests. The right quadracet muscle was significantly more atrophied then the left. There was significant grinding and crepitus with range of motion palpation. The patient was diagnosed with chronic pain and pain in joint: lower leg. The provider requested authorization for Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Page(s): 18-19.

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

Decision rationale: According to MTUS guidelines, Robaxin, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm or that he was experiencing an acute exacerbation of pain. There is no clear documentation of the efficacy of previous use of Robaxin (the patient had been prescribed Robaxin on an ongoing basis for long time). The request for Robaxin 750mg #90 is not medically necessary.