

Case Number:	CM15-0000299		
Date Assigned:	01/09/2015	Date of Injury:	07/20/2011
Decision Date:	03/09/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/02/2015

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: Physical Medicine & Rehabilitation

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 36 year old female, who sustained a work injury on 7/20/11 while scanning 2x4 pieces of lumber. The mechanism of injury was related to lifting. Past medical history was negative. Per the primary treating physician's report of 2/12/14, she has reported symptoms of severe and constant sharp, burning pain with weakness and numbness, with radiation to the bilateral lower extremities. The diagnosis was lumbosacral spondylosis. Diagnostics demonstrated a disc bulge at L5-S1, electromyogram of the lower extremities noted no acute radiculopathy. Treatment to date has included physical therapy, epidural injections, and analgesics with limited help of symptoms. Surgical consult for back surgery was discussed and still pending as of 11/12/14. Robaxin 750 mg was ordered for reducing pain and muscle tension. Work status was temporary totally disabled. On 12/11/14, Utilization Review non-certified a prescription for Robaxin 750 mg #90, noting the California Medical Treatment Guidelines (MTUS), Chronic Pain Guidelines regarding effect for low back pain.

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 Muscle Relaxant Page(s): 63-66, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain);ANTISPASMODICS for Methocarbamol (Robaxin, Relaxin, generic availa.

Decision rationale: This patient presents with chronic low back pain. The current request is for Robaxin 750mg #90.MTUS page 63-66 Muscle relaxants (for pain) states Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP.MTUS page 63-66 under ANTISPASMODICS for Methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties.In this case, Robaxin was included in the patient's prescriptions as early as 2/12/14. MTUS guidelines recommend non-sedating muscle relaxants for short-term use. Robaxin has sedating properties, which does not appear to be in accordance with MTUS guidelines. In addition, the patient has been utilizing this medication on a long term basis; therefore, the request IS NOT medically necessary.