

Case Number:	CM15-0008201		
Date Assigned:	01/26/2015	Date of Injury:	10/17/2003
Decision Date:	03/20/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/14/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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:

This 52 year old female sustained an industrial injury on 10/17/13, with subsequent ongoing low back pain. No recent magnetic resonance imaging lumbar spine was submitted for review. Treatment included L4-5 discectomy (2004), spinal cord stimulator and medications. In a PR-2 dated 11/19/14, the injured worker complained of ongoing low back pain. The physician noted that the injured worker was there for medication management and had been stable on the current regimen with no change in her symptoms. The pain score was rated at 5-7/10 without medications and 3/10 with medications. Objective findings were noted as no significant change. Current diagnoses were listed as status post discectomy at L4-5, status post spinal cord stimulator implantation and negative diagnostic facet evaluation. Current medications included Suboxone, Relafen, Ambien and Robaxin. Work status was permanent and stationary. The treatment plan included 3 months refilling the medications and returning in three months. On 12/12/14, Utilization Review noncertified a request for Robaxin 750mg #360 one four times daily noting that the physical exam did not show spasms and citing CA MTUS and ACOEM Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #360 one four times daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Pain Chapter Muscle Relaxants

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term periods during exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with opioids and other sedative medications. The records indicate that the patient had utilized Robaxin longer than the guidelines recommended maximum duration of 4-6 weeks. The patient is also utilizing opioids and sedative medications in 3 monthly supplies. The records did not show subjective or objective findings consistent with exacerbation of the pain. The criteria for the use of Robaxin 750mg #360 four times a day was not met.