

Case Number:	CM15-0102521		
Date Assigned:	06/04/2015	Date of Injury:	02/13/2003
Decision Date:	07/03/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 60 year old male, who sustained an industrial injury on 2/13/2003. Diagnoses have included lumbago and lumbar/thoracic radiculitis. Treatment to date has included lumbar surgery, physical therapy, chiropractic treatment and medication. According to the progress report dated 4/6/2015, the injured worker complained of low back and left leg pain. He reported that medications helped decrease the pain and improves function. He also complained of left foot pain. He rated his pain as 3/10 with medication. Exam of the cervical spine revealed tenderness, decreased flexion and decreased extension. There was tenderness at the lumbar spine, tenderness at the facet joint, decreased flexion, decreased extension and decreased lateral bending. The injured worker was permanently disabled. Authorization was requested 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 with 3 refills: 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 (1) Muscle relaxants (for pain), p63 (2) Methocarbamol (Robaxin), p65.

Decision rationale: The claimant has a remote history of a work injury occurring in February 2003 and continues to be treated for eating low back pain. When seen, pain was rated at 3/10. There was cervical and lumbar spine tenderness with decreased range of motion. He had lumbar facet tenderness. Robaxin was prescribed with three refills. Robaxin is a muscle relaxant in the antispasmodic class. Although its mechanism of action is unknown, it appears to be related to central nervous system depressant effects with related sedative properties. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Its efficacy may diminish over time, and prolonged use may lead to dependence. In this case, Robaxin is being prescribed on a long-term basis and there is no new injury or acute exacerbation. Continued prescribing is not medically necessary.