

Case Number:	CM15-0105015		
Date Assigned:	06/09/2015	Date of Injury:	07/02/2006
Decision Date:	07/10/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/01/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 46 year old male, who sustained an industrial injury on 7/2/06. He reported lower back pain. The injured worker was diagnosed as having lumbar degenerative disc disease, facet arthropathy of lumbar spine and lumbar radiculopathy. Treatment to date has included oral medications including Ibuprofen and Robaxin (Vicodin and Norco caused nausea and vomiting), Capsaicin cream, lumbar fusion, epidural steroid injections, activity restrictions, physical therapy and home exercise program. Ct scan of lumbar spine dated 3/11/15 revealed solid anterior osseous fusion at L4-5, moderate right neural foraminal stenosis at L4-5 and stable grade 1 retrolisthesis of L3 on L4 with multifactorial mild to moderate central canal stenosis. Currently, the injured worker complains of burning, aching and stabbing mid and low back pain with radiation to right groin and thigh and cramping and stabbing in right lower extremity. He states the pain is worse than previous visit. He also notes increased back spasm for last 3 days and he is out of Robaxin. He rates the pain 8/10. Physical exam noted tenderness to palpation of lumbar midline at L4-5 and decreased extension along with decreased sensation of right L3 and L4 dermatome. The treatment plan included continuation of home exercise program, activity restrictions and continuation of Ibuprofen, Robaxin and Capsaicin cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #60 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Robaxin 750mg #60 with two refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar DDD; facet arthropathy lumbar spine; and lumbar radiculopathy. The date of injury was July 2, 2006. The earliest progress note in the medical record dated December 19, 2014 shows the injured worker was prescribed Robaxin 750 mg and ibuprofen. Subjectively, the injured worker had ongoing back pain that was worsening. Undated median branch blocks (multiple) were provided. A progress note dated February 10, 2015 shows the injured worker has ongoing back pain and is doing worse 8/10. A bone scan is pending. The most recent progress note dated April 20, 2015, again indicates the injured worker's low back pain is worsening. The pain score is 8/10. There is no documentation evidencing objective functional improvement. Additionally, Robaxin 750mg is recommended for short-term (less than two weeks) treatment of an acute exacerbation of chronic low back pain. There is no documentation of an acute exacerbation of low back pain. The documentation reflects ongoing low back pain that has been worsening. Robaxin is indicated for short-term (less than two weeks). Robaxin, according to the earliest progress note dated December 16, 2014, has been prescribed in excess of four months. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Robaxin 750 mg, no documentation indicating an acute exacerbation of chronic low back pain and treatment in excess of the recommended guidelines for short-term use (Robaxin provided in excess of four months), Robaxin 750mg #60 with two refills is not medically necessary.