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| Case Number: | CM15-0105176 | | |
| Date Assigned: | 06/09/2015 | Date of Injury: | 04/03/2000 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 05/19/2015 |
| 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, North Carolina
 Certification(s)/Specialty: Family Practice

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 49 year old who sustained an industrial injury on 04/03/2000. Diagnoses include lumbar post laminectomy syndrome, low back pain, chronic pain syndrome, and knee enthesopathy. Treatment to date has included diagnostic studies, medications, surgery, use of a Transcutaneous Electrical Nerve Stimulation unit, and home exercise program. A physician progress note dated 05/11/2015 documents the injured worker complains of continued back pain and left knee pain. She has muscle spasm on the left which are worse at night, but she reports some relief with Robaxin. Her medications are allowing her to complete activities of daily living. She continues to see her psychiatrist one a week. She has an antalgic gait and has a decreased spinal range of motion with pain. There is diffuse lower extremity muscle weakness and there is a decrease in sensation along the left lateral thigh and lateral calf. She has painful range of motion with restriction of the left knee. Urine drug screen have been inconsistent, and she was counseled. Her medications include Prilosec, OxyContin, Naproxen, Percocet, Gabapentin, and Robaxin. Robaxin was started on 04/13/2015. The treatment plan includes refilling of OxyContin, and Percocet, and she is to continue to follow up with her psychiatrist and the physician continues to support the recommendation for psychological counseling and support with a psychologist. Treatment requested is for Robaxin 500 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

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

Decision rationale: The date of injury in this patient is 4/3/2000. The current diagnosis is lumbar post-laminectomy syndrome. The patient was previously on Soma for muscle relaxant treatment and has been taking Robaxin since 4/13/2015. The CA MTUS recommends the use of muscle relaxants with caution as a second-line option for short-term use. Long-term use is not recommended. The medical records do not reveal any documentation of acute exacerbation of low back pain warranting the use of muscle relaxants. Ongoing use of muscle relaxants is not supported by guidelines, therefore this request is deemed not medically necessary or appropriate.