

Case Number:	CM15-0130228		
Date Assigned:	07/16/2015	Date of Injury:	09/11/2007
Decision Date:	08/19/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/06/2015

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: Emergency 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 56 year old male with an industrial injury dated 09/11/2007. The injured worker's diagnoses include chronic low back pain and bursitis of the left knee. Treatment consisted of diagnostic studies, prescribed medications, ice/heat therapy, home exercise therapy and periodic follow up visits. In a progress note dated 05/20/2015, the injured worker reported pain in the lower back and left knee. The injured worker also reported flare-up within past couple days with a lot of muscle spasms. The injured worker rated current pain a 7-8/10. The injured worker rated pain a 9-10/10 without medication and 3-4/10 with medication. Objective findings revealed elevated blood pressure, painful lumbar range of motion, and tenderness in the lumbosacral spine and paraspinal muscle from L3 to S1 with spasm and stiffness. Left knee exam revealed tenderness in midline joint and painful range of motion. Treatment plan consisted of medication management, hot packs, ice packs and home exercise program. The treating physician prescribed Robaxin 500mg # 30 with 1 refill, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg # 30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: The request is for robaxin, the trade name for methocarbamol, which is an antispasmodic. It is used to decrease muscle spasm in conditions such as low back pain, although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Non-sedating muscle relaxants are recommend with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain and overall improvement. Also there is no additional benefit shown in combination with non-steroidal anti-inflammatory drugs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker had previously utilized flexeril, and when that was denied, was then prescribed robaxin. Chronic use of muscle relaxants is not in the best interest of an injured worker and is not supported by the MTUS. Therefore, the request as written is not medically necessary.