

Case Number:	CM15-0134427		
Date Assigned:	07/22/2015	Date of Injury:	04/13/2010
Decision Date:	08/20/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/13/2015

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: Physical Medicine & Rehabilitation

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 53-year-old male, who sustained an industrial injury on 4/13/2010. Diagnoses include status post L4-5 and L5-S1 laminectomy and discectomy for a left L4-5 herniation extrusion with radiculopathy and a central L5-S1 herniation with radiculopathy left greater than right (11/04/2014), status post bilateral knee procedures, BMI of 36.7 and history of hepatitis C with elevated liver enzymes. Treatment to date has included surgical intervention as well as conservative care including postoperative physical therapy, home exercises and medications. Per the Primary Treating Physician's Progress Report dated 6/12/2015, the injured worker reported a recent flare-up of symptoms (5/25/2015) while he stumbled on a raised part of the sidewalk. He has residual numbness/tingling intermittently in the ankle regions bilaterally. Physical examination revealed standing range of motion 30-45 degrees. Straight leg raise was negative. Heel to toe walk was normal. Gait and tandem are normal. Knee reflexes were 2. Ankle reflexes were +1. The plan of care included medication management and authorization was requested for Ibuprofen 800mg #30 and Robaxin 500mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg 1-2 tabs BID as needed #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: This patient presents with a flare-up in his lower back pain. The current request is for Robaxin 500mg 1-2 tabs BID as needed #120. The RFA is dated 06/24/15. Treatment to date has included surgical intervention as well as conservative care including postoperative physical therapy, home exercises and medications. MTUS page 63-66 Muscle relaxants (for pain) states recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS page 63-66 under ANTISPASMODICS for Methocarbamol (Robaxin, Relaxin, generic available) states: The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. Per report 6/12/2015, the patient reported a recent flare-up of symptoms due to a stumbled on a raised part of the sidewalk. Physical examination revealed standing range of motion 30-45 degrees. Knee reflexes were 2. Ankle reflexes were +1. The treater recommended refill of medications Robaxin and Ibuprofen. On 04/27/15, the treater discontinued Norco and prescribed Robaxin and Ibuprofen. On 06/01/15, the patient report slight improvement of symptoms with PT. The treater requested refill of Robaxin. MTUS guidelines recommend non-sedating muscle relaxants for short-term use only. Given that this medication has been prescribed for long-term use, recommendation for further use cannot be supported. The requested Robaxin is not medically necessary.