MAXIMUS Federal Services

Case Number:	CM15-0138596		
Date Assigned:	07/28/2015	Date of Injury:	09/18/2013
Decision Date:	08/31/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/17/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This 32 year old male sustained an industrial injury occupational therapy the low back on 9/18/13. The injured worker underwent L5-S1 global arthrodesis on 1/22/15. Following the procedure the injured worker participated in physical therapy and occupational therapy in an inpatient rehabilitation facility. X-rays of the lumbar spine (6/8/15) showed no instability with flexion and extension and no slippage or loosening of hardware. In a request for authorization dated 6/12/15, the injured worker complained of a flare up of back pain with residual burning in the left calf and leg. Physical exam was remarkable for decreased lumbar spine range of motion, negative straight leg raise, normal heel and the walking and gait; intact lower extremity reflexes and 5/5 lower extremity motor strength. Current diagnoses included status post L5-S1 global arthrodesis for a traumatic L5-S1 spondylolisthesis, unstable with axial low back pain and nerve root impingement, right knee injury and cervical disc injury. The physician noted that the injured worker would continue to wean off the narcotics over the next three months. The treatment plan included beginning physical therapy and requesting authorization for medications (Norco, Percocet and Robaxin).

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg, 1 tablet 3 times a day as needed #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 93.

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

Decision rationale: Regarding the request for Methocarbamol (Robaxin), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Methocarbamol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Methocarbamol (Robaxin) is not medically necessary.