

Case Number:	CM15-0165595		
Date Assigned:	09/03/2015	Date of Injury:	01/01/2001
Decision Date:	10/07/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/24/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 injured worker is a 74-year-old male who sustained an industrial injury on 1/1/01. The mechanism of injury was not documented. He underwent revision of anterior and posterior fusion from L3 to S1 on 6/23/15, and received postoperative therapy in an inpatient rehabilitation facility. The 7/13/15 treating physician report indicated that the injured worker was still having some back and leg pain. He was taking Percocet 5 mg for pain. X-rays showed good alignment position of the hardware L3 to S1 posteriorly with anterior interbody cages and good alignment in position. There were no motor or sensory deficits distally. The injured worker was able to walk with a rolling walker. The treatment plan included continuing Percocet and adding Robaxin to help with muscle spasms and pain. The 8/5/15 treating physician report indicated that the injured worker was 6 weeks status post major reconstructive fusion removing loose and segmental hardware, placing interbody cages from L3 to S1, and doing well. Physical exam documented upright posture, well-healed wounds, no motor deficits, and ambulation with a slightly wide based gait. He was still using a walker. The treatment plan recommended increase in activities, such as walking on a treadmill. Authorization was requested for Robaxin 500 mg #90 with 3 refills. The 8/21/15 utilization review non-certified the request for Robaxin 500 mg #90 with 3 refills, as there were no subjective complaints of muscle spasms or objective evidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg, #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California MTUS recommends the use of non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. In most lower back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Guideline criteria have not been met. This injured worker is status post revision of anterior and posterior fusion from L3 to S1 on 6/23/15. He was doing well post-operatively with some back and leg pain. He was taking Percocet for pain. There is no current documentation of muscle spasms. The treating physician recommended the addition of Robaxin to help with muscle spasms and pain. While the short term addition of a muscle relaxant is possibly indicated in the post-operative period, a 4-month prescription does not reflect short term treatment consistent with guidelines. Therefore, this request is not medically necessary.