MAXIMUS Federal Services

Case Number:	CM15-0187119		
Date Assigned:	09/29/2015	Date of Injury:	04/15/1991
Decision Date:	11/12/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/23/2015

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 58 year old male who sustained an industrial injury on April 15, 1991. A recent secondary pain management visit dated July 14, 2015 reported chief subjective complaint of: "low back and neck pan." Medications noted with current denials and he "continued to have muscle spasms daily," which he has to control with the use of Robaxin. Of note, the Robaxin "helps with muscle spasms" because he is unable to take NSAIDs due to ulcerations in his stomach. The following diagnoses were applied to this visit: status post cervical fusion revision; chronic low back pain with radiculopathy; bilateral carpal tunnel syndrome; lumbar spine degenerative disc disease; and cervical spine degenerative disc disease. There is recommendation for MS Contin 15mg one table three times daily, Voltaren gel, and Robaxin; continue with home exercises. Secondary treating follow up dated May 13, 2015 reported unchanged chief subjective complaints, treating diagnoses, and plan of care to include current medication regimen. On July 14, 2015 a request was made for Robaxin 750mg #120 which was noncertified by Utilization review on September 10, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #120: 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 58 year old patient complains of pain and swelling in the left knee, as per 08/06/15. The request is for ROBAXIN 750mg #120. The RFA for this case is dated 09/03/15, and the patient's date of injury is 04/15/91. Diagnoses, as per progress report dated 08/06/15, included lower leg osteoarthritis, acquired hallux valgus of the right foot, lateral epicondylitis of elbow, and degenerative joint disease of the right knee. As per progress report dated 07/14/15, the patient complains of neck pain and low back pain along with muscle spasms, and has been diagnosed with chronic low back pain with radiculopathy, bilateral carpal tunnel syndrome, lumbar spine degenerative disc disease, and cervical degenerative disc disease. The patient is status post cervical fusion revision, status post shoulder surgery, and status post bilateral knee arthroscopy. Medications included MS Contin, Voltaren gel and Robaxin. Diagnoses, as per progress report dated 05/07/15, included right ankle joint pain. The patient is retired, as per progress report dated 07/14/15. MTUS chronic pain guidelines 2009, pages 63-66 for Muscle Relaxants (for pain) section states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. MTUS, pages 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. In this case, Robaxin was first noted in progress report dated 03/19/15. In the report, the patient reports "Robaxin has helped with the muscle spasms." In progress report dated 07/14/15, the treater states that the patient experiences muscle spasms every day and uses Robaxin to control them. As per the report, "Robaxin helps with muscle spasms because he is unable to take NSAIDs due to ulcerations in his stomach." Medications help reduce pain from 8/10 to 4/10. With medications, the patient is "able to perform light cleaning and shopping." While the efficacy of Robaxin in this patient is evident, MTUS does not support its long-term use due to sedative effect. Hence, the request IS NOT medically necessary.