

Case Number:	CM15-0190127		
Date Assigned:	10/02/2015	Date of Injury:	10/24/2002
Decision Date:	11/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/28/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 female, who sustained an industrial injury on 10-24-2002. Medical records indicate the worker is undergoing treatment for chronic pain syndrome, neck pain, chronic low back pain and sacroilitis. A recent progress report dated 8-18-2015, reported the injured worker complained of her pain level not improving after the increase in dose the pump prior week and the pain is rated 9- out of 10. Physical examination revealed the injured worker may have disconnected or occluded the intrathecal catheter. Treatment to date has included H wave, pain pump, physical therapy, Fentanyl patch, Robaxin (since at least 3-12-2015), Amitiza and Motrin. The physician is requesting Robaxin 500 MG #180 with 2 refills. On 8-28-2015, the Utilization Review noncertified the request for Robaxin 500 MG #180 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500 MG #180 with 2 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: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity of Robaxin is not substantiated in the records. Therefore, the request is not medically necessary.