

Case Number:	CM15-0192282		
Date Assigned:	10/06/2015	Date of Injury:	04/05/2008
Decision Date:	11/13/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/30/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 41-year-old male, who sustained an industrial injury on 4-5-2008. Several documents included in the submitted medical records are difficult to decipher. The injured worker was being treated neck pain, chronic low back and right leg pain, and right hip pain. On 7-6-15, the injured worker reported ongoing neck with cervicogenic headaches and ongoing back pain. He reported lower back muscle spasms and the desire to try a muscle relaxer. The treating physician noted no significant change of the objective findings on 7-6-15. On 8-31-2015, the injured worker reported ongoing neck and back pain with intermittent numbness and tingling of the right upper extremity. The objective findings (8-13-2015) included the injured worker was moving about the room fluidly. Per the treating physician (8-13-2015 report): An MRI revealed a large broad-based disc protrusion at L4-5 (lumbar 4-5) and severe bilateral L5- S1 (lumbar 5-sacral) foraminal stenosis. On 6-18-2008, electromyography and nerve conduction velocity studies revealed right L5 radiculopathy. Treatment has included physical therapy and medications including muscle relaxant (Zanaflex), and non-steroidal anti-inflammatory. Per the treating physician (8-13-2015 report), the injured worker has been deemed permanent and stationary. The treatment plan included starting Robaxin to see if it helps with the myofascial pain. On 9-15-2015, the original utilization review non-certified a request for Robaxin 750mg #60 with one (1) refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #60 with one (1) refill: Upheld

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

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

Decision rationale: According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on muscle relaxants (Zanaflex) for several months. Long-term use is not indicated. Future response and need cannot be determined. The request to add Robaxin with 1 additional months refill is not medically necessary.