

Case Number:	CM15-0204424		
Date Assigned:	10/21/2015	Date of Injury:	02/24/2014
Decision Date:	12/09/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 53 year old male, who sustained an industrial injury on 02-24-2014. He has reported injury to the low back and bilateral feet. The diagnoses have included chronic strain-sprain of the lumbar spine; pain in right foot; pain in left foot; and bilateral plantar fasciitis. Treatment to date has included medications, diagnostics, back brace, custom orthotics, acupuncture, and chiropractic therapy. Medications have included Naproxen, Tramadol, and Robaxin. A progress report from the treating physician, dated 09-02-2015, documented a follow-up visit with the injured worker. The injured worker reported pain in the lower back, mainly right-sided, and pain in the heels of the feet; the pain level is rated at three out of ten at rest and nine out of ten with activity; he states "my back is killing me; I need some medicines"; he states that it is exceedingly painful to work and his acupuncture is now completed; and he indicates improvement with activities of daily living, no escalation in use, and no adverse side effects taking prescribed medication. Objective findings included range of motion of the lumbar spine is limited in all directions; he has improved as far as flexibility is concerned; he is now able to forward bend to touch his toes with the fingers and knees in extension; he has no difficulty standing or walking and toe and heel walks without great difficulty; and tight muscles, somewhat guarded, and in spasm in the right lower lumbar region remain present. The treatment plan has included the request for Robaxin 750mg quantity 60. The original utilization review, dated 09-29-2015, non-certified the request for Robaxin 750mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

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

Decision rationale: MTUS CPMTG recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The documentation submitted for review indicates that the injured worker has been using this medication since at least 9/2015. There is no documentation of the patients' specific functional level or percent improvement with treatment with Robaxin. As it is recommended only for short-term use, medical necessity cannot be affirmed.