

Case Number:	CM15-0026769		
Date Assigned:	02/19/2015	Date of Injury:	09/19/1996
Decision Date:	03/31/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 54 year old female, who sustained an industrial injury on 9/19/96. The injured worker has complaints of low back pain non-radicular that appears to be facetogenic. The diagnoses have included carpal tunnel syndrome; cervical spondylosis; lesion of ulnar nerve and degenerative disc disease, cervical. Treatment to date has included rest; Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) therapy; physical therapy; home exercises; radiographic evidence of facet arthropathy and medications. According to the utilization review performed on 1/15/15, the requested Robaxin 500 mg, sixty count with one refill has been modified to Robaxin 500 mg, one tab 2X daily as needed for 30 days dispense 15 tablets with 0 refills. CA MTUS muscle relaxants (for pain), chronic pain was used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500 mg, sixty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 67 - 70, 74 - 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Robaxin 500 mg #60 with one refill is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnosis are carpal tunnel syndrome; cervical spondylosis; and degenerative disc disease cervical. The medical record shows the injured worker was taking Robaxin as far back as May 2, 2014. Documentation from a January 2, 2015 follow-up progress note shows the injured worker is still taking Robaxin 500 mg. There are complaints of low back pain in the medical record but no physical exam of the low back. Additionally, Robaxin is indicated for short-term (less than two weeks) treatment of acute low back pain or an exacerbation in chronic low back pain. The treating physician has exceeded the recommended guidelines for short-term use. There is no documentation demonstrating objective functional improvement with ongoing Robaxin. Consequently, absent compelling clinical documentation with objective functional improvement to gauge Robaxin's efficacy in excess of the recommended short term use (less than 2 weeks) guidelines, Robaxin 500 mg #60 with one refill is not medically necessary.