

Case Number:	CM15-0214596		
Date Assigned:	11/04/2015	Date of Injury:	08/04/2013
Decision Date:	12/16/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/30/2015

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: New Jersey

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 55 year old female, who sustained an industrial injury on 08-04-2013. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for diabetes, lumbar pars fracture (status post fusion), cervical spine strain or sprain, and chronic low back pain. Medical records (04-20-2015 to 09-21-2015) indicate ongoing low back pain with spasms radiating into the left lower extremity with numbness and weakness. Pain levels were rated 8-9 out of 10 in severity on a visual analog scale (VAS) without medications, and 5 out of 10 after taking Robaxin and gabapentin. Records also indicate worsening stress and anxiety at work resulting in uncontrolled blood sugars. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-21-2015, revealed tenderness to the mid-line of the cervical spine, restricted and painful range of motion (ROM) in the cervical spine, tenderness in the mid-line and paraspinals of the lumbar spine bilaterally, decreased and painful ROM in the lumbar spine, decreased strength and sensation on the left at L4-5. Relevant treatments have included: physical therapy (PT), work restrictions, and pain medications (Robaxin since 09-01-2015). The treating physician indicates that Soma and Flexeril had failed to control the IW's muscle spasms. The request for authorization (10-02-2015) shows that the following medication was requested: Robaxin (methocarbamol) 750mg #90. The original utilization review (10-09-2015) non-certified the request for Robaxin (methocarbamol) 750mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin (Methocarbamol) 750mg 1 Tab For Spasm Every 8 Hrs PRN #90: 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: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there is record of having used Robaxin chronically for at least months leading up to this request, which is beyond the recommended duration for this drug class. Also, although there was report of pain reduction and functional gains with medications, there was no report found on how effective Robaxin was independent of other medications, which might have helped to justify its continuation. Therefore, considering these factors, the request for Robaxin is not medically necessary.