

Case Number:	CM15-0218020		
Date Assigned:	11/09/2015	Date of Injury:	03/25/2011
Decision Date:	12/21/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/05/2015

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 51 year old male who sustained an industrial injury on 03-25-2011. A review of the medical records indicated that the injured worker is undergoing treatment for low back pain, cervical disc disorder with myelopathy, cervicobrachial syndrome, muscle spasm and bilateral wrist sprains. The injured worker is status post left carpal tunnel release on 06-25-2015 and right carpal tunnel release on 10-27-2015. According to the treating physician's progress report on 10-15-2015, the injured worker continues to experience low back pain becoming worse since 04-2015 and radiating to both legs rated as 4.5 out of 10 with medications and 9 out of 10 on the pain scale without medications. Examination demonstrated tenderness and spasm to palpation of the bilateral paravertebral muscles. Range of motion was restricted due to pain and documented as flexion at 40 degrees, extension at 5 degrees; right lateral bending at 20 degrees, left lateral bending at 5 degrees, left lateral rotation at 20 degrees and right lateral rotation at 5 degrees. The injured worker uses a cane for ambulation and support. Prior treatments have included diagnostic testing, cervical and lumbar epidural steroid injections, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, chiropractic therapy, aquatic therapy, massage and medications. Current medications were listed as Oxycodone 30mg, Neurontin, Buprenorphine 8mg and Robaxin (since at least 05-2015). Treatment plan consists of acupuncture therapy for the lower back, update lumbar spine magnetic resonance imaging (MRI) and the current request for Robaxin 750mg twice a day as needed #60. On 10-29-2015, the Utilization Review determined the request for Robaxin 750mg twice a day as needed #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg 1 twice a day as needed #60: 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 is not substantiated in the records. The request is not medically necessary.