

Case Number:	CM15-0224411		
Date Assigned:	11/20/2015	Date of Injury:	12/18/2012
Decision Date:	12/30/2015	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	11/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 56 year old female who sustained an industrial injury on December 18, 2012. Medical records indicated that the injured worker was treated for. Medical diagnoses include L4-L5 central herniation with left lower extremity radiculopathy and status post L4-L5 laminectomy and discectomy. In the provider notes dated October 26, 2015 the injured worker complained of dull aching back pain with constant pain radiating into the right buttock and hip. "The last week her back pain has increased." "She is taking 8-10 Tramadol and she ran out of the Robaxin." On exam, the documentation stated "Standing range of motion is 45 degrees. Straight leg raising is negative. Heel to toe raising is diminished on the right. Heel walking and toe walking are normal. Tandem is off. Gait is broad based." She wants to stay off Norco and only use for flare ups. The treatment plan includes medications, physical therapy and return to work 2 days a week. A Request for Authorization was submitted for Robaxin 500mg #180 per 10/26/15 order. The Utilization Review dated November 12, 2015 denied the request for Robaxin 500mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500 mg Qty 180.00: 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 claimant sustained a work injury in December 2012. Her injury occurred when, while pushing of food cart, the wheels became stuck in a groove during the loading operation with a transport truck and in the process of pulling and pushing she injured her back. An MRI of the lumbar spine in March 2013 showed findings of an L4/5 disc herniation. Treatments included physical therapy and medications. She underwent an L4/5 laminectomy and discectomy in March 2015. When seen in October 2015 she was no longer taking Norco. She was taking tramadol 8-10 times per day. She had run out of Robaxin. She had back pain rated at 6/10 with radiating symptoms to the right buttock and hip. She was not having radiating leg symptoms or numbness or tingling. She had increased back pain over the past week. Physical examination findings included decreased lumbar spine range of motion. She had a broad-based gait. The left knee reflex was decreased. There was a normal strength and sensory examination. Tramadol 50 mg #240 and Robaxin 500 mg #180 were prescribed. Additional physical therapy was to be scheduled. Follow-up was planned in four weeks. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Drugs with the most limited published evidence in terms of clinical effectiveness include methocarbamol. In this case, the claimant had increased back pain over the previous week. However, there were no reported complaints or physical examination findings of muscle spasms. Muscle relaxants have been prescribed on a long-term basis. The quantity being requested is consistent with at least another 4 weeks of use. The request is not medically necessary.