

Case Number:	CM15-0051040		
Date Assigned:	03/24/2015	Date of Injury:	05/20/2013
Decision Date:	05/04/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/17/2015

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

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 50 year old female, who sustained an industrial injury on 05/20/2013. She has reported injury to the low back. The diagnoses have included sprain/strain of lumbar region; trochanteric bursitis right hip; lumbosacral radiculopathy; and myofascial pain syndrome. Treatment to date has included medications, ice/heat, epidural steroid injections, nerve ablations, facet injections, and physical therapy. Medications have included Norco, Lyrica, and Baclofen. A report from the qualified medical examiner, dated 11/04/2014, documented an evaluation with the injured worker. Currently, the injured worker complains of low back pain, particularly on the right side, with referral into the buttock and posterior thigh; pain in the trochanteric region of the right hip; and numbness and tingling in the plantar aspect of the right foot laterally. Objective findings were noted to include tenderness to palpation at the L5-S1 region; tenderness over the right trochanteric bursa; and decreased lumbar range of motion. Request is being made for Robaxin 500 mg #60; and for Lidoderm 5% patches #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Regarding the request for methocarbamol (Robaxin), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, despite there being subjective improvement from the patient, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the methocarbamol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as the patient has been taking muscle relaxants since 4/2014. Given this, the currently requested methocarbamol (Robaxin) is not medically necessary.

Lidoderm 5% patches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (Lidoderm patches).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: Regarding the request for methocarbamol (Robaxin), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, despite there being subjective improvement from the patient, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the methocarbamol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as the patient has been taking muscle relaxants since 4/2014. Given this, the currently requested methocarbamol (Robaxin) is not medically necessary.