

Case Number:	CM15-0051208		
Date Assigned:	03/24/2015	Date of Injury:	06/08/1998
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/18/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old male who sustained a work related injury June 8, 1998. Past history included diabetes mellitus, s/p lumbar microdiscectomy, lumbar laminectomy. According to a primary treating physician's progress report, dated January 13, 2015, the injured worker presented for re-evaluation with complaints of bilateral low back pain and bilateral lower extremity radicular pain. On examination, lumbar and cervical ranges of motion were restricted by pain in all directions, Lumbar and cervical discogenic provocative maneuvers were positive and lumbar spasms positive. Diagnoses are right L5-S1 radiculopathy with right lower extremity weakness; mild focal disc protrusion L5-S1 displacing right S1 nerve root; left L4-L5 radiculopathy with left lower extremity weakness; broad-based disc bulge at L4-L5 with postoperative changes from the left laminotomy; moderate left L4-L5 neural foraminal stenosis and lateral recess stenosis; severe L3-L4 central stenosis with mild degenerative disc disease; anxiety and depression. Treatment plan included prescriptions for medications, discussion regarding long term opioid use, and activity modifications reinforced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 70 Gram MG 90 Tabs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The injured worker sustained a work related injury on June 8, 1998. The medical records provided indicate the diagnosis of L5-S1 radiculopathy with right lower extremity weakness; mild focal disc protrusion L5-S1 displacing right S1 nerve root; left L4-L5 radiculopathy with left lower extremity weakness; broad-based disc bulge at L4-L5 with postoperative changes from the left laminotomy; moderate left L4-L5 neural foraminal stenosis and lateral recess stenosis; severe L3-L4 central stenosis with mild degenerative disc disease; anxiety and depression. Treatments have included Soma, Tizanidine, Robaxin, Ambien, Xanax, Valium, Lunesta. The medical records provided for review do not indicate a medical necessity for Robaxin 70 Gram MG 90 Tabs. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic Low back pain, but the records indicate the injured worker has been switching between this medication and several other muscle relaxants since 08/2014. The request is not medically necessary.