

Case Number:	CM15-0080018		
Date Assigned:	05/29/2015	Date of Injury:	01/13/2006
Decision Date:	06/25/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/27/2015

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: Arizona, California
 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 48 year old male patient who sustained an industrial injury on 01/13/2006. The accident is described as while working construction lifting a scaffold weighing approximately 100 pounds, when he experienced the abrupt onset of sharp low back pain that extended down to bilateral limbs. He did report the injury, but did not get medically evaluated for five days. He was seen, given radiography scans, provided both medications and a brace. Subsequently, on 11/010/2006 he underwent back surgery. A recent primary treating office visit dated 01/05/2015 reported the patient with subjective complaint of low back pain. The pain radiates to the bilateral buttocks, posterior thigh, and bilateral lower extremities. Associated symptoms are: paravertebral muscle spasm, radicular bilateral leg pain and numbness into the lower leg and foot. Current treatment included: Lyrica, Norco, Celebrex, Nortriptyline, Venlafaxine, Omeprazole, Robaxin, and Diazepam. He states the regimen moderately effective and feels it providing adequate control. The assessment found the patient with low back pain; medical management of chronic pain. The plan of care noted the patient to undergo a magnetic resonance imaging study, and follow up. He was diagnosed with post-laminectomy syndrome, lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: According to the guidelines, muscle relaxants are a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant was on Robaxin for over 2 months along with NSAIDs and Norco. The continued and chronic use of Robaxin in combination with the above is not medically necessary.