

Case Number:	CM15-0088971		
Date Assigned:	05/13/2015	Date of Injury:	05/16/1996
Decision Date:	06/12/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/08/2015

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

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(n) 69-year-old female, who sustained an industrial injury on 5/16/96. She reported pain in her lower back. The injured worker was diagnosed as having failed back surgery syndrome of the lumbar spine and lumbar degenerative disc disease. Treatment to date has included Robaxin (since at least 2/20/15), oxycodone, peripheral nerve stimulator, intrathecal pump and psychological evaluation. On 4/30/14, the treating physician noted that the injured worker had been diagnosed with colon cancer and was going to be starting chemotherapy. At this visit oxycodone was discontinued and a trial of Dilaudid was started. The Dilaudid was discontinued on 5/6/14 and the oxycodone was restarted. As of the PR2 dated 4/17/15, the injured worker reports low back pain. She states after spinal surgery she had a spinal infection. She uses a pain pump, peripheral stimulation and oral medications including Robaxin, oxycodone and gabapentin to manage her pain. The treating physician noted tenderness at the left lower quadrant at the pump pocket, no apparent distress and no sedation. The treating physician requested to continue Robaxin 750mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants for pain, antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Robaxin 750 mg #90 is not medically necessary and appropriate.