MAXIMUS Federal Services

Case Number:	CM13-0061319		
Date Assigned:	12/30/2013	Date of Injury:	11/03/2006
Decision Date:	05/08/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 physician 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/services.

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 44-year-old male who reported injury on 11/03/2006. The mechanism of injury was not provided. The injured worker's medication history revealed Robaxin as of 05/2013. The documentation of 10/10/2013 revealed the injured worker was taking Robaxin as needed for muscle spasms and tramadol 50 mg 6 times a day. The injured worker indicated the Robaxin decreased the spasms in his neck. The diagnoses included HNP of the cervical spine with stenosis and facet hypertrophy of the cervical spine. The treatment plan included a cervical spine rhizotomy on the left at C4-6, tramadol 50 mg, Robaxin 750 mg, and Fioricet 50/325/40 for headaches as well as Elavil for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROBAXIN 750MG #30 X 1- WEANING: 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 (FOR PAIN), Page(s): 63.

Decision rationale: California MTUS Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been on the

medication for greater than 5 months. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for Robaxin 750 mg #30, times 1 weaning is not medically necessary.