

<b>Case Number:</b>	CM14-0118354		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/25/2002
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 67 year old male who sustained an injury on 05/25/02. The injured worker has been followed for moderate to severe mid-back pain. Prior treatment has included previous epidural steroid injections. The injured worker also reported ongoing low back pain radiating to the lower extremities. As of 07/01/14 the injured worker had no change in symptoms. The injured worker was using Norco and Robaxin at this evaluation. The injured worker's physical exam findings noted mild to moderate tenderness to palpation in the upper spinous processes. There was limited lumbar range of motion. Reflexes in the lower extremities were trace to absent. The injured worker was recommended for further epidural steroid injections due to the return of mid back pain. The requested evaluation with [REDACTED] and Robaxin 750mg quantity 300 with 5 refills was denied by utilization review on 07/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up evaluation (repeat thoracic epidural injection):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC): Pain Procedure Summary, last updated 04/10/2014

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 32

**Decision rationale:** In regards to the request for a referral to a physician, this reviewer would have recommended this service as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The injured worker is noted to have had a re-occurrence of thoracic pain and had improved in the past with prior thoracic epidural steroid injections. Given the reported efficacy in the past with epidural steroid injections for the thoracic spine as well as the reoccurrence of symptoms, the referral back to the chosen physician for further evaluation regarding possible epidural steroid injections would be appropriate and standard of care. As such, this request is medically necessary.

**Robaxin 750 mg, QTY: 300, with 5 refills:** 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): 63-67.

**Decision rationale:** In regards to the use of Robaxin 750mg quantity 300 with 5 refills, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this request is not medically necessary.