

Case Number:	CM14-0133730		
Date Assigned:	08/29/2014	Date of Injury:	10/13/1995
Decision Date:	10/14/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/21/2014

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 68 year old male who reported an injury to his low back. Utilization review dated 08/05/14 resulted in a non-certification for continued use of Robaxin as insufficient information had been submitted regarding response to this medication. A clinical note dated 07/21/14 indicated the injured worker utilizing Flexeril. However, the injured worker reported no medication no longer being effective in alleviating low back spasms. The injured worker rated the pain 7-9/10 throughout the low back. Reflex deficits were identified at the left ankle. The injured worker was recommended to initiate the use of Robaxin 500mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

ROBAXIN 500MG, #180: 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.

Decision rationale: Muscle relaxants are recommended as a second-line option for short-term treatment of acute low back pain and for short-term treatment of acute exacerbations in injured workers with chronic low back pain. Studies have shown that the efficacy appears to diminish

over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.