

Case Number:	CM14-0142429		
Date Assigned:	09/10/2014	Date of Injury:	06/08/1998
Decision Date:	10/27/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational Medicine and is licensed to practice in California. 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:

This is a 39-year-old male with a date of injury of 6/8/98. The mechanism of injury was not noted. A UR dated 4/2/14 recommended weaning Soma and continue with MSI (morphine sulfate immediate release) and OxyContin until pain relief with spinal cord stimulator (SCS) was demonstrated. He was s/p (status post) permanent SCS (spinal cord stimulator) implant on 5/16/14. A UR dated 6/11/14 certified Soma #120 until there is evidence of complete pain control with a SCS. A UR dated 7/14/14 modified a request for Soma #120 to Soma #60 to allow for a taper and discontinuation of this medication. On 7/24/14 he complained of bilateral low back pain and bilateral lower extremity radicular pain. He reported increased functionality since the SCS implant and requests an appeal of his modifications of his meds. On exam of the lumbar and cervical spine showed restricted range of motion and pain in all directions. The plan was to discontinue the Soma and give Robaxin 750mg four times a day #120 with no refills. The diagnostic impression is post-laminectomy syndrome, lumbosacral radiculopathy, and lumbar facet joint arthropathy. Treatment to date: spinal cord stimulator in situ since 5/16/14, ESI, medication management, lumbar back surgery, physical therapy, TENS Unit, discogram 2005, inpatient detox for 1 week 11/2009, functional restoration program. A UR decision dated 8/11/14 denied the request for Robaxin 750mg #120. The Robaxin was denied because muscle relaxants including Robaxin have no proven role in the treatment of chronic pain syndrome patients. The patient does not currently have acute myospasm or breakthrough myospasm. Chronic usage increases the propensity for side effects. The guidelines are not supportive.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, there was no documentation of an acute exacerbation of the patient's chronic pain. In addition, the patient has been on long-term muscle relaxants. A UR dated 4/2/14 recommended weaning Soma, (another muscle relaxant), and again on 7/14/14 a UR modified Soma #120 to Soma #60 for weaning purposes only. On 7/24/14 the provider planned to discontinue Soma and prescribed Robaxin 750mg #120. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. Therefore, the request for Robaxin 750mg #120 is not medically necessary.