

Case Number:	CM14-0145319		
Date Assigned:	09/12/2014	Date of Injury:	12/05/1997
Decision Date:	11/24/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/08/2014

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:

There were 78 pages provided for this review. It was for Robaxin 750 mg. The date of the Request for Independent Review was August 27, 2014. The claimant injured the low back in 1997. On December 12, 2013, [REDACTED] prescribed Robaxin, ibuprofen, Fluriflex cream and other creams. Physical therapy was recommended. She was taking Robaxin and Ibuprofen for her symptoms. She had tenderness and pain with range of motion with spasms. She was going to therapy for myofascial release. She has been on the Robaxin for many months. She had a urine drug screen on April 2, 2014 that showed the presence of tramadol which was not prescribed. On April 2, other medicines including another topical cream were recommended. She had at that time ongoing stabbing pain in her back at a level 5 out of 10. She was using the topical creams to help her avoid taking much oral medicines such as Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750 mg, X60, (1 Tablet 2x a day, Refills #3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), NSAIDS Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

Decision rationale: Methocarbamol (Robaxin generic available): The mechanism of action is unknown, but appears to be related to central nervous system depressant effects with related sedative properties. This drug was approved by the FDA in 1957. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004). In this claimant's case, there is no firm documentation of acute spasm that might benefit from the relaxant, or that its use is short term. Moreover, given there is no benefit over NSAIDs, it is not clear why over the counter NSAID medicine would not be sufficient. The patient has been on the Robaxin long term, with no objective functional improvement. The request was appropriately non-certified under MTUS criteria. The request for Robaxin is not medically necessary or appropriate.