

Case Number:	CM14-0173701		
Date Assigned:	10/24/2014	Date of Injury:	06/14/2010
Decision Date:	12/03/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/21/2014

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 Management and is licensed to practice in Georgia. 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 patient is a 60 years old presenting with work injury on 06/14/2010. The patient was diagnosed with low back pain. The patient was treated with therapy, epidurals, medications and activity modification. The patient's medications included Percocet, Ibuprofen, Cymbalta and Baclofen. MRI of the lumbar spine showed multilevel degenerative disc disease at L3-4, 1-2 mm central disc protrusion with high intensity zone/annular fissure and mild to moderate central canal narrowing, mild to moderate central canal narrowing at L4-5, multi-level mild neural foraminal narrowing, superimposed congenital narrowing of the spinal canal on a developmental basis. The physical exam showed antalgic gait, slowed and stooped gait, restricted lumbar range of motion with pain, hypertonicity, tenderness and tight muscle bands in the paravertebral muscles, positive lumbar facet loading, bilaterally, positive Faber test, 5-/5 EHL and knee extensor strength bilaterally and light touch sensation is patchy. The claimant was diagnosed with backache. A claim was placed for Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); regarding Methocarbamol (Robaxin, Rel. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter Opioids, criteria for use, When to Discontinue/ Opioids for chronic pain

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

Decision rationale: Robaxin is not medically necessary. Robaxin is Methocarbamol. Per CA MTUS 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. Side Effects: Drowsiness, dizziness and lightheadedness. Dosing: 1500 mg four times a day for the first 2-3 days, then decreased to 750 mg four times a day. (See, 2008). Robaxin is not recommended for long- term use particularly because the mechanism of action is unknown. Robaxin is also not medically necessary because it was prescribed in combination with other medications.