

Case Number:	CM14-0184378		
Date Assigned:	11/12/2014	Date of Injury:	11/15/2012
Decision Date:	12/18/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/05/2014

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 Family 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 42-year old kindergarten teacher reported injuries to her left knee, upper and lower back after a fall on 11/15/12. Treatment has included medications, physical therapy, nerve blocks, epidural steroid injections, and arthroscopic surgery of the left knee (12/24/13). She continued to have both left knee and low back pain, and was referred to a pain management specialist. Current diagnoses include lumbar herniations, lumbago, back sprain, left knee meniscal tear, and left knee chondromalacia patellae according to the primary treating physician, who is an orthopedist. The patient has been seen several times in a pain management specialist's office over a period from 6/25/14 to 10/16/14. No clear diagnoses have been recorded with the exception of low back and left leg pain, which "appears to be neuropathic in nature." The patient was taking Norco and Flexeril at the time of the first visit, which were not changed. On 7/22/14 Flexeril was changed to Robaxin 500 mg twice per day, because Flexeril makes the patient "loopy." None of the visits document any functional status, or work status. It appears likely that the patient is not working. All pain clinic visits except the first contain a statement of medical justification, which is identical and appears to be taken from a template. It states that the patient is receiving greater than 50% relief while on medication, and that the patient is functional and "participates in daily activities" and "attempts at light activities within their limits," and that the quality of life has improved since initiating opioid therapy. No daily activities or light activities are specified. The available records do not support these assertions. From the time of the first available progress note from the primary provider, to the last available notes (from primary provider dated 10/13/14 and from pain specialty clinic dated 10/16/14), there is no documented improvement in pain or function. A retroactive request for Norco and Robaxin was reviewed in UR (utilization review) on 10/14/14. The Norco was certified and the Robaxin was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Robaxin 500mg #60 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain; Muscle relaxants Page(s): 60; 63-66.

Decision rationale: Robaxin is brand-name methocarbamol, which is an antispasmodic muscle relaxant. Per the first reference cited above, medications should be trialed one at a time while other treatments are held constant, with careful assessment of function, and there should be functional improvement with each medication in order to continue it. Per the second reference, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain patients, they show no benefit beyond that of NSAIDs. There is no additional benefit if they are used in combination with NSAIDs. Efficacy appears to diminish over time. The mechanism of methocarbamol is unknown, but the effect is presumed to be due to general depression of the central nervous system. Side effects include dizziness and drowsiness (less than those from other skeletal muscle relaxants), headache, nausea, vomiting and GI upset. The clinical findings in this case do not support the use of Robaxin. The patient has chronic pain, and there is no evidence that Robaxin is being used for an acute exacerbation. Its use has clearly extended beyond the short term. Finally, the patient has not demonstrated any functional improvement while taking it. Based on the MTUS citations above and on the clinical information provided for my review, Robaxin 500 mg with one refill is not medically necessary, because it is not indicated for long-term use for chronic back pain, and because its use has not resulted in any functional improvement.