

Case Number:	CM14-0092577		
Date Assigned:	07/25/2014	Date of Injury:	07/21/2008
Decision Date:	09/17/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama, New York and Maryland. 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 male who sustained an industrial injury on 7/21/2008. His primary diagnosis is spinal stenosis lumbar w/o neurogenic claudication, treating diagnosis is intervertebral lumbar disc disease w/o myelopathy. A prior peer review was performed on 6/6/2014 and non-certification was rendered for the requested Robaxin 750 mg #30 x 3 refills. A peer discussion was performed. Muscle relaxants are not recommended on long-term basis, as they are using it and is not considered consistent with the MTUS 2009. The patient had been on Robaxin a long time. He was not currently off the medication because it was not certified. Since he was already off the medication, weaning was not necessary. According to the progress report dated 2/2/2014, the patient presents for routine 4 month re-check and medication refill. He has been taking Vicodin 5/500 and Robaxin, and requests refills. He notes increased pain in last few weeks. Pain is rated 7/10 up to 8/10. He tolerates medications well without side effects. Pain rated 8-9/10. Pain is decreased by 80-85% with medications if taken in AM, if not taken until afternoon meds only decrease pain by 30%. LBP continues to radiate to left greater than right leg with associated numbness and tingling. No weakness. ROS is negative and past medical history is unchanged. Objective findings on examination are appropriate mood and affect, no acute distress, persistent lumbalgia with dysmetria, paraspinal muscles TTP, radicular to LT leg + atypical stretch LT leg, decreased sensation LT L4-S1, and EHL, gastroc and TA strength 5/5 bilateral. Treatment plan continue Vicodin 5/500 #60 with 3 refills and Robaxin 750 mg #30 with 3 refills. Follow-up in 4 months. According to the progress report dated 5/8/2014, the patient returns early, he reports he has not been able to get his meds since the 2/20/14 office visit. Was taking Vicodin 5/300 and Robaxin but unable to get filled. He complains of severe pain and unable to perform ADLs secondary to pain. He is not working. He tolerates medications well without side effects. Pain rated 8-9/10. Pain is decreased by 80-85% with medications if taken in AM, if not taken until

afternoon meds only decrease pain by 30%. LBP continues to radiate to left greater than right leg with associated numbness and tingling. No weakness. ROS is negative and past medical history is unchanged. Objective findings on examination are appropriate mood and affect, no acute distress, persistent lumbalgia with dysmetria, paraspinal muscles TTP, radicular to LT leg + atypical stretch LT leg, decreased sensation LT L4-S1, and EHL, gastroc and TA strength 5/5 bilateral. Diagnoses are strain lumbosacral and HNP lumbar spine. Treatment plan and request is for authorization Vicodin 5/500 #60 with 3 refills and Robaxin 750 mg #30 with 3 refills. Remains P&S. According to the progress report dated 2/2/2014, the patient presents for routine 4 month re-check and medication refill. He has been taking Vicodin 5/500 and Robaxin, and requests refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #30 refill x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

Decision rationale: As per the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as robaxin are not recommended on long-term basis. The guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. This patient has been on robaxin for a long period of time; therefore using Robaxin is not medically necessary