

Case Number:	CM14-0093026		
Date Assigned:	09/12/2014	Date of Injury:	09/16/2001
Decision Date:	10/22/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/19/2014

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 Nevada. 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 records presented for review indicate that this 48 year old female was reportedly injured on September 16, 2001. Previous treatment includes a cervical spine discectomy and fusion at C5 - C6 and C6 - C7 as well as a lumbar spine laminectomy and discectomy at L5 - S1. Additional treatment included a spinal cord stimulator implantation, physical therapy, as well as oral and topical medications. The most recent progress note, dated July 22, 2014, indicates that there are ongoing complaints of low back pain. Current medications include Fentanyl, Naproxen, Norco, and Robaxin. The physical examination demonstrated tenderness along the cervical spine paravertebral muscles and facet joints, tenderness along the upper trapezius, decreased cervical spine range of motion secondary to pain, examination of the lumbar spine also noted decreased range of motion, and tenderness at the left greater than right paravertebral muscles with spasms. Diagnostic imaging studies of the lumbar spine dated June 20, 2007 revealed and L5 - S1 disc herniation. A request was made for Robaxin and Skelaxin and was denied in the preauthorization process on June 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: It is unclear why there is request for two months relaxants at the same time. Although the concurrent request for Skelaxin has been determined not to be medically necessary it is unclear if the injured employee is still prescribed residual amounts of this medication and if they intend to take them concurrently. Additionally, there is need for justification and clarification for the prescription of two muscle relaxants. As such, this request for Robaxin is not medically necessary.

Skelaxin 800mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: It is unclear why there is request for two months relaxants same time. However, review of the medical records indicates that the injured employee did not benefit with the previous use of Skelaxin. Considering this, the request for Skelaxin is not medically necessary.