

Case Number:	CM14-0097470		
Date Assigned:	07/28/2014	Date of Injury:	12/22/2001
Decision Date:	09/19/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/25/2014

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 Preventive 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:

According to the records made available for review, this is a 61-year-old female with a 12/22/01 date of injury. At the time (5/30/14) of the Decision for purchase of Methocarbamol (Robaxin) 500mg #240, there is documentation of subjective (increased pain and swelling of the right lower extremity) and objective (temperature changes of the right lower foot with allodynia to light touch, discoloration over the toes, tenderness to palpation extending up through the posterior aspect of the right leg to the mid gastrocnemius, and antalgic gait) findings, current diagnoses (complex regional pain syndrome of the right lower extremity, lumbar spinal stenosis, cervical spinal stenosis, post lumbar spine surgery syndrome, chronic pain due to trauma, and hip pain), and treatment to date (ongoing therapy with Robaxin since at least 6/12/13). In addition, medical reports identify increased level of function and ability to perform activities of daily living with medications, including Robaxin. There is no documentation of acute exacerbation of chronic pain and short-term (less than two weeks) treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

purchase of Methocarbamol (Robaxin) 500mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of complex regional pain syndrome of the right lower extremity, lumbar spinal stenosis, cervical spinal stenosis, post lumbar spine surgery syndrome, chronic pain due to trauma, and hip pain. In addition, there is documentation of chronic pain. Furthermore, given documentation of increased level of function and ability to perform activities of daily living with medications, including Robaxin, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Robaxin. However, there is no documentation of acute exacerbation of chronic pain. In addition, given documentation of ongoing treatment with Robaxin since at least 6/12/13, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for purchase of Methocarbamol (Robaxin) 500mg #240 is not medically necessary.