

<b>Case Number:</b>	CM14-0114488		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	01/28/1999
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 injured worker is a 66-year-old male, who sustained an industrial injury on 1/28/1999. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar spondylosis without myelopathy, subacromial bursitis, and osteoarthritis of the knee. Treatment to date has included medication and home exercises. On 2/14/2014, (only progress report submitted), the injured worker complains of pain in his low back and knee. He reported burning nerve pain and stabbing pain in his calves. Pain was rated 6/10 with medication use and 9.5/10 without. Duration of relief was 5-6 hours and no side effects were reported. He reported not sleeping well and requested medication for same. He also had severe stress and mild depression. Medication use included Oxycodone, Lyrica, Lidoderm, and Robaxin. The use of Robaxin was noted since at least 1/13/2014. Exam of the lumbar spine noted pain with decreased range of motion. Motor and sensory exams were within normal limits. Exam of the spines revealed no tenderness to palpation. Exam of the knees noted joint effusion in the supine position and palpable tenderness. Range of motion to the bilateral knees was also painful. Diagnostic testing was not submitted. Work status was permanent and stationary and he was not working. Trazadone was to be added for sleep and current medications were to continue. This progress report did not discuss the request for bilateral lumbar 2, 3, 4, and 5 neurolysis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Lumbar 2, 3, 4, 5 Neurolysis: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic Chapter (Facet Joint Radiofrequency neurotomy).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, facet joint radiofrequency neurotomy.

**Decision rationale:** The CA MTUS does not address RF neurotomies. ODG guidelines state that lumbar facet neurotomies produce mixed results. There is no good quality literature recommending this procedure in the lumbar spine region. In this case, the records submitted indicate that the patient had a medial branch block at L3, L4 and L5 bilaterally. There is no documentation of at least 70% relief for at least two hours with lidocaine. In addition, more than 2 levels were injected, which is not recommended. Therefore, this request is deemed not medically necessary.

**Robaxin 750mg #90: Upheld**

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

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

**Decision rationale:** CA MTUS recommends 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. In most LBP patients, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. In this case, the patient has been prescribed Robaxin on a long-term basis. His date of injury was 1999. There is no documentation of an acute flare of muscle spasm. Long-term use of Robaxin is not recommended, therefore this request is deemed not medically necessary.