

Case Number:	CM14-0083656		
Date Assigned:	07/25/2014	Date of Injury:	07/10/2001
Decision Date:	05/27/2015	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	06/05/2014

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. 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

Certification(s)/Specialty: Internal Medicine

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 56-year-old male, who sustained an industrial injury on 7/10/01. The injured worker has complaints of low back pain and left lateral thigh pain. The diagnoses have included status post 12 years complex lumbar spine decompression and instructed fusion L3-S1; status post 10 years removal of posterior segmental instrumentation cages however at L3-L4, L4-L5 and L5-S1 were left in place; intractable lumbar spine pain syndrome including a left lumbar radiculopathy and a distal right lower extremity peripheral neuropathy also associated with post-op lumbar arachnoid adhesions and cervical discongenic syndrome. Treatment to date has included magnetic resonance imaging (MRI) of the cervical spine; transcutaneous electrical nerve stimulation unit; ibuprofen; right ankle brace; lumbar spine decompression and instructed fusion L3-S1. The request was for robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamol (Robaxin).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle relaxants Page 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Robaxin <http://www.pdr.net/drug-summary/robaxin-injectable?druglabelid=1132>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Drugs with the most limited published evidence in terms of clinical effectiveness include Methocarbamol (Robaxin). FDA Prescribing Information document that Robaxin (Methocarbamol) is indicated for acute musculoskeletal conditions. The medical records document a history of lumbosacral spine surgery. Medical records document that the patient's occupational injuries are chronic. FDA Prescribing Information document that Robaxin (Methocarbamol) is indicated for acute musculoskeletal conditions. Medical records indicate the long-term use of muscle relaxant, which is not supported by MTUS guidelines. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. MTUS indicates that the muscle relaxant with the most limited published evidence in terms of clinical effectiveness include Methocarbamol (Robaxin). MTUS, ACOEM, and FDA guidelines do not support the use of Robaxin. Therefore, the request for Robaxin is not medically necessary.