

Case Number:	CM15-0102291		
Date Assigned:	06/05/2015	Date of Injury:	05/20/2013
Decision Date:	07/08/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/27/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female, who sustained an industrial injury on May 20, 2013. She reported pain in the low back and right hip after an injury while working as a flight attendant. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included diagnostic studies, physical therapy, a home exercise program a TENS unit, lumbar steroid injections, right trochanteric injections, facet joint injections, steroid injection to the right hip, medications and work restrictions. Currently, the injured worker complains of continued low back pain with radicular symptoms radiating into the right hip and associated sleep disruptions. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on February 26, 2015, revealed a consistent urinary drug screen. Evaluation on April 30, 2015, revealed continued pain as noted. The home exercise plan and medications were continued. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #60 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants; Opioids Page(s): 63-66; 80-82. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG), Pain Procedure Summary Online Version - muscle relaxants.

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

Decision rationale: Regarding the request for methocarbamol (Robaxin), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is indication that the medication is providing symptomatic relief, however, there is no specific documentation of objective functional improvement as a result of the methocarbamol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the currently requested methocarbamol (Robaxin) is not medically necessary.