

Case Number:	CM15-0010222		
Date Assigned:	01/27/2015	Date of Injury:	12/01/2013
Decision Date:	03/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/16/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 12/01/2013. On provider visit dated 12/04/2014, the injured worker has reported neck and lower back pain. The diagnoses have included cervical radiculopathy, disc disorder cervical and low back pain. Treatment to date has included MRI scans, x-rays of the neck, electromyogram, nerve conduction velocity, physical therapy acupuncture and anti-inflammatory medication. On 12/19/2014 Utilization Review non-certified Robaxin 750mg at bedtime as needed. The CA MTUS, Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg at bed time as needed Qty 7: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-66.

Decision rationale: The patient presents with pain affecting his neck and lower back with muscle spasms. The current request is for Robaxin 750mg at bed time as needed Qty 7. The treating physician states, "Appeal Robaxin 750mg BID PRN for muscle spasms. Patient states it has been helpful for LUE, cervical and lumbar muscle spasms. He notes 20% reduction in spasms with its use." The MTUS guidelines state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." In this case, the treating physician documents that the patient has been taking this medication since at least October 2014. The sig and quantity requested is consistent with occasional use during acute exacerbations. The current request is medically necessary and the recommendation is for authorization.