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| Case Number: | CM15-0014394 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 12/31/2009 |
| Decision Date: | 03/30/2015 | UR Denial Date: | 01/14/2015 |
| Priority: | Standard | Application Received: | 01/26/2015 |

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, Washington

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 34-year-old male who reported an injury on 12/31/2009. The mechanism of injury was not provided. His diagnosis was noted as lumbar degenerative disc disease. His past treatments were noted to include medication, surgery, epidural steroid injections, activity modification, heat, ice, rest, and gentle stretching and exercise. His diagnostic studies were not provided. His surgical history was noted to include an L5-S1 disc replacement, performed in 2011. During the assessment on 01/07/2015, the injured worker complained of low back pain that radiated down into his left lower extremity. He indicated that his left lower extremity pain traveled down the back of his leg to his heel and the front of his foot. He rated his pain at 8/10 without medications and a 3/10 to 6/10 with medications, depending on his activities. The physical examination of the lumbar spine revealed tenderness and tightness along the lumbosacral region. There was a positive straight leg raise with flexion of 80 degrees and lateral bending of 30 degrees with restricted range of motion. His medications were noted to include Norco 5/325 mg, Ambien 10 mg, ibuprofen 800 mg, and Robaxin 750 mg. The treatment plan and rationale were not provided. The Request for Authorization form was dated 01/07/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg 1 bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 63-64.

Decision rationale: The request for Robaxin 750mg 1 bid #60 is not medically necessary. The California MTUS Guidelines recommend muscle relaxants as a second line option for short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review provided evidence that the injured worker had been on this medication for an extended duration of time and there was a lack of documentation of objective functional improvement. As such, continued use is not supported. Given the above, the request is not medically necessary.