

Case Number:	CM15-0014608		
Date Assigned:	02/02/2015	Date of Injury:	10/01/2009
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

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 49-year-old male who reported an injury on 10/01/2009 due to an unspecified mechanism of injury. On 10/14/2014, he presented for a followup evaluation regarding his work related injury. He stated that his pain had been unchanged since the last visit, and had reported no new problems or side effects, with a poor quality of sleep. He stated that without his medications, he was unable to do anything and would note intense pain. His medications included Duragesic 12 mcg/hour patch, Norco 10/325 mg 1 three times a day as needed, Lorzone 750 mg 1 tablet up to 2 times a day as needed, gabapentin 600 mg 1 three times a day; atenolol 25 mg 1 twice daily; Lasix 20 mg 1 twice daily. A physical examination showed that he did not appear to be in any acute distress and had a global antalgic gait that was slowed and stooped and assisted by a walker. The lumbar spine showed loss of normal lordosis with straightening of the lumbar spine and surgical scar. Range of motion was restricted due to pain. There was hypertonicity, spasm, and tenderness, as well as tight muscle band noticed in both sides on palpation. He could not walk on heels and could not walk on his toes; and lumbar facet loading was positive on both sides. Strength was noted to be decreased on the left in ankle dorsiflexion, and knee extensors and flexors; as well as his hip flexors on the left at a 4/5. Sensation was also noted to be decreased over the first toe on the left side; and over the lateral calf and thigh; and fifth toe on the left. He was diagnosed with post lumbar laminectomy syndrome; lumbar radiculopathy; disc disorder of the lumbar spine, and low back pain. The treatment plan was for Robaxin 500 mg #60. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #60: 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.

Decision rationale: The California MTUS Guidelines indicate that muscle relaxants are recommended when they are non sedating, and only for the short term treatment of low back pain. The documentation provided does not show how long the injured worker has been using this medication; and without this information, continuing would not be supported, as it is only recommended for short term treatment. Also, the frequency of the medication was not stated within the request. Furthermore, documentation showing that the injured worker has had a significant increase in function with the use of this medication was not provided. Therefore, the request is not supported. As such, the request is not medically necessary.