

Case Number:	CM15-0112008		
Date Assigned:	06/18/2015	Date of Injury:	03/02/2010
Decision Date:	07/17/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

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 55 year old male, who sustained an industrial injury on 3/02/2010, due to pushing a transformer, while employed as an electrician. The injured worker was diagnosed as having lumbar spondylosis. Treatment to date has included diagnostics, lumbar spinal surgeries, right inguinal hernia and testicle repair, physical therapy, chiropractic, and medications. Currently, the injured worker complains of constant and severe daily low back pain, associated with intermittent bilateral leg numbness, rated 7-9/10. When without medication, he described his pain as horrible. He was unable to sleep well due to continued back pain and also complained of insomnia, frustration, and anxiety with depression. It was noted that his medications helped to control his pain when they are authorized. Physical exam of his back noted spasm and healed incisions. He was wearing a back brace. Exam of the lower extremities noted a laceration with erythema on the right lower extremity, due to a fall after losing his balance. The left foot showed paresthesias. Lumbar range of motion was decreased by at least 50% and Dejerine was positive in the lower back region. The treatment plan included medications, noting addition of Robaxin (can alternate with Soma). Other medications requested included Vicodin ES, Lunesta, Valium, Esgic, and Xanax. His work status remained total temporary disability. Urine toxicology was not noted. Pain levels appeared consistent for several months. The use of muscle relaxants was noted since at least 11/2014, at which time opioid and Benzodiazepine tolerance was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #100: Upheld

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 (1) Muscle relaxants (for pain), (2) Methocarbamol (Robaxin) Page(s): 63, 65.

Decision rationale: The claimant sustained a work injury in March 2010 and continues to be treated for low back pain with intermittent lower extremity numbness. Medications have included Valium and Soma for muscle spasms. When seen, he was wearing a back brace. He was having muscle spasms. There was decreased lumbar spine range of motion. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Drugs with the most limited published evidence in terms of clinical effectiveness include Robaxin (methocarbamol). In this case, there is no identified new injury or exacerbation and muscle relaxants have been prescribed on a long-term basis and appear to be ineffective. Robaxin was not medically necessary.