MAXIMUS Federal Services

Case Number:	CM15-0119071		
Date Assigned:	06/29/2015	Date of Injury:	07/25/2008
Decision Date:	07/28/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/19/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 47 year old male with an industrial injury dated 07/25/2008. The mechanism of injury is documented as occurring when he was attempting to restrain a patron, resulting in a fall with pain to right hip, bruising of both knees and his right hand. His diagnoses included hip joint replacement on 10/28/2013, prior history of infection of hip prosthetic, lumbar paraspinal muscle spasms extending into the right hip, neuropathic pain of unknown etiology, right distal lateral thigh and left knee secondary to compensable consequence of right hip total replacement. Comorbid diagnoses included diabetes and hypertension. Prior treatment included medications. He presents on 05/14/2015 with complaints of burning pain in the left hip and anterior thigh. Physical examination noted tenderness over the trochanteric bursa. There was persistent allodynia in the right anterior thigh but less sensitive than prior examination on 04/16/2015. There was muscle spasm in the lower left lumbar region. Straight leg raise was negative bilaterally. Current medications include Cymbalta, Mobic, Gralise and Ultram ER. The provider documents the injured worker had trialed Gralise which had been providing better pain control throughout the day than previous neuropathic medications. The provider notes the dosage will be increased to 1800 mg at bedtime to allow increased length of relief of symptoms. He continues to have right knee pain which increases with activity. The provider recommends a trial of Percocet to allow short term pain relief so he can continue to do home exercise program. Cymbalta had significantly improved anxiety and depression and also helped with neuropathic pain. He was taking Robaxin for acute muscle spasms in the low back on an as needed basis which the provider document seems to work. The injured worker was also taking Mobic which

decreased stiffness in the knees. The injured worker's pain is rated as 8-9/10 without medications and down to 3/10 with medications. With exercise he rates the pain 6-7/10. He also notes he has been able to increase exercise activity, walking and light chores. No significant side effects were reported. Random urinary drug screening did not show tramadol or hydrocodone. Department of Justice CURES reporting was consistent with medications prescribed and he had a signed opioid agreement with the office. Treatment request included Cymbalta 60 mg #30, Gralise 600 mg #90, Percocet 10/325 mg #60 and Ultram ER 150 mg #30 which have been authorized. The treatment request for review is Robaxin 500 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.