

Case Number:	CM15-0121588		
Date Assigned:	07/02/2015	Date of Injury:	05/11/2007
Decision Date:	08/05/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/24/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency Medicine

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 40-year-old male, who sustained an industrial injury on 5/11/2007. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar radiculopathy, right leg pain and lumbar disc degeneration. There is no record of a recent diagnostic study. Treatment to date has included home exercises, therapy and medication management. In a progress note dated 5/21/2015, the injured worker complains of low back pain that radiates down the right lower extremity. Physical examination showed lumbar tenderness and pain with limited range of motion. The treating physician is requesting Medrol Pak 4 mg and Robaxin 500 mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrol Pak 4mg #1 pack(s) of 21: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) oral corticosteroids.

Decision rationale: Guidelines do not recommend oral corticosteroids for chronic pain, except for polymyalgia rheumatica. They may be recommended in limited circumstances for acute radicular pain. In this case, the patient suffered low back pain since 2007. The request for Medrol Pak #1 is not medically appropriate and necessary.

Robaxin 500mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

Decision rationale: Guidelines recommend non-sedating muscle relaxants with caution as second line option for short-term treatment of acute exacerbations in patients with chronic LBP but show no benefit beyond NSAIDs in pain and overall improvement. In this case, there is no documentation that the patient is on NSAIDs or that other first line therapies have been attempted. The request for Robaxin 500 mg #30 with 3 refills is not medically appropriate and necessary.