

Case Number:	CM15-0173068		
Date Assigned:	09/15/2015	Date of Injury:	01/18/2015
Decision Date:	10/14/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/02/2015

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 37 year old male who sustained an industrial injury on 1-18-15. Diagnoses are noted as lumbosacral musculoligamentous sprain-strain with attendant left lower extremity radiculitis and left sacroiliac joint sprain, MRI of the lumbar spine with contrast dated 1-22-15 reveals annular fissure at L4-L5 with two-millimeter disc protrusion, facet hypertrophy, and mild bilateral lateral recess narrowing. Previous treatment includes at least 12 chiropractic sessions, home exercise, home electrical muscle stimulation, ice-heat application, and medication. In a progress report dated 8-7-15, the treating physician notes the primary complaint of low back pain and spasm which moderately increases with activities of daily living such as lifting, bending and stooping and that there has been a flare-up and worsening of symptoms. He notes a "recent acute flare-up (back spasms) resulting in difficulty sleeping (no increase in leg symptoms)." The pain level is rated at 5-7 out of 10. Objective exam notes joint pain, muscle spasm and sore muscles. Exam of the lumbar spine reveals tenderness with moderate spasm over the paravertebral musculature and lumbosacral junction. Straight leg raise elicits lower back pain. Low back pain increases on extension. Sensation to pinprick and light touch is decreased in the left lower extremity in the L5 and S1 nerve root. Current medications are Norco and Robaxin with functional benefits of standing and walking increased from 30 minutes to 3 hours, sitting increased from 30 minutes to 2.5 hours, lifting increased from 10 pounds to 25 pounds, is better able to do housework, home exercise, self care, and to work. He has failed a trial of non-steroidal anti-inflammatory drugs and APAP. Work status is return to work. A request for authorization is dated 8-7-15. The requested treatment of Norco 10-325mg #45 was approved and Robaxin 750mg #45 was not approved on 8-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #45: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: In general, guidelines do not recommend long-term use of this muscle relaxant for a chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports; however, have adequately demonstrated the indication and medical need for this treatment as there are significant clinical findings of muscle spasm, occasional acute flare-up as the patient continued to function with improved work status, to support for its current short-term use. There is report of functional improvement resulting from its treatment to support further use as the patient remains functioning for this short course of treatment. The Robaxin 750mg #45 is medically necessary and appropriate.