

Case Number:	CM15-0173227		
Date Assigned:	09/17/2015	Date of Injury:	11/25/2003
Decision Date:	10/23/2015	UR Denial Date:	08/17/2015
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, Hawaii

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 57-year-old female, who sustained an industrial injury on 11-25-03. Medical record indicated the injured worker is undergoing treatment for chronic low back pain with sacroiliac joint origin pain and chronic opioid use. Treatment to date has included sacroiliac joint injection, intrathecal pump, oral medications including Norco, Celebrex, Forteo, Gabapentin, Ibuprofen, Klonopin, Lyrica, Mobic, Naprosyn, Neurontin, Percocet, Voltaren, Wellbutrin and Tramadol; topical Lidoderm; Toradol injections, physical therapy, acupuncture, chiropractic treatment, transcutaneous electrical nerve stimulation (TENS) unit, lumbar fusion and activity modifications. Urine drug screen performed on 5-29-15 was consistent with medications prescribed. Currently on 7-13-15, the injured worker complains of low back pain rated 7-8 out of 10 and sleep disturbance from pain rated 5 out of 10; she notes the medications are helping 80% and she is happy with improved function. Physical exam performed on 7-13-15 revealed tenderness to palpation over the left sacroiliac joint and restricted range of motion of lumbar spine. The treatment plan included prescriptions for Norco 10-325mg #60 and Robaxin 750mg #60 with 2 refills. Utilization review non-certified a request for Robaxin 750mg #60 with 2 refills on 8-17-15 noting there is no acute myospasm or breakthrough myospasm which are the acceptable guideline indications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg 1 PO BID #60 with 2 refills: Upheld

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: The patient presents with low back pain. The current request is for Robaxin 750mg 1 PO BID #60 with 2 refills. The treatment report making the request was not made available. Medical records show that the patient was prescribed methocarbamol since before 04/16/2015. The MTUS Guidelines page 63 on muscle relaxants for pain states that it recommends non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation with patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension. The MTUS guidelines support the usage of Robaxin for a short course of therapy, not longer than 2-3 weeks. In this case, long-term use of muscle relaxants is not supported by the MTUS guidelines. The current request is not medically necessary.