

Case Number:	CM15-0046414		
Date Assigned:	03/18/2015	Date of Injury:	07/31/2001
Decision Date:	04/23/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/11/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 59 year old male sustained an industrial injury to the back, bilateral wrists and bilateral knees on 7/31/01. Previous treatment included physical therapy, multiple knee arthroscopies, bilateral carpal tunnel release, knee brace, splints, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 2/5/15, the injured worker complained of worsening of back pain with radiation down the left leg and severe muscle spasms and pain to both knees. Recent bilateral knee x-rays showed severe degenerative joint disease bilaterally. Physical exam was remarkable for lumbar spine with muscle spasms and decreased range of motion, sensory loss to the left lower extremity, bilateral knees with crepitus on passive range of motion, excessive laxity with anterior drawer sign with valgus maneuvers and full active range of motion, bilateral hands with positive Finkelstein maneuvers and positive Phalen's and Tinel's signs. Current diagnoses included lumbar degenerative disc disease, bilateral knee pain, severe bilateral knee degenerative joint disease, bilateral carpal tunnel syndrome and bilateral carpometacarpal joint arthritis. The treatment plan included continuing medications (Norco, Neurontin, Robaxin, Mobic and Lidoderm patch). The physician noted that the current medication regimen kept the injured worker functional.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Robaxin 750mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one prescription Robaxin 750 mg #45 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are low back pain; bilateral knee pain with multiple arthroscopies; history CMC joint arthritis in the thumb bases; history carpal tunnel syndrome bilaterally; and status post bilateral carpal tunnel release surgery without improvement of symptoms. The date of injury is July 31, 2001. The oldest progress note in the medical record is December 31, 2012. Medications listed include Robaxin, Butrans, Norco, Mobic and Lyrica. A progress note dated May 2013 contains the same medications. A progress note February 2014 showed Robaxin was discontinued and Flexeril was started. In May 2014, Baclofen was started. In October 2014, Amrix was started for spasms. In a progress note dated February 5, 2015, the injured worker was taking Robaxin (again). There is no clinical indication or rationale for switching muscle relaxants as far back as December 2012 through February 2015. Muscle relaxants are indicated for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back pain. The treating physician clearly exceeded the recommended guidelines for short-term use. Consequently, absent compelling clinical documentation with objective functional improvement with multiple muscle relaxants used over a two-year period in excess of the recommended guidelines for short-term use (less than two weeks), one prescription Robaxin 750 mg #45 is not medically necessary.