

Case Number:	CM15-0065546		
Date Assigned:	04/13/2015	Date of Injury:	03/19/2008
Decision Date:	05/28/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/06/2015

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: 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:

The injured worker is a 53-year-old, female who sustained a work related injury on 3/19/08. She fell into a pothole. The diagnoses have included right knee pain, reflex sympathetic dystrophy lower limb and osteoarthritis. The treatments have included right knee surgery, physical therapy, right knee cortisone injection, use of a knee brace. Oral medications, Lidoderm patch and use a walker to ambulate. In the PR-2 dated 2/17/15, the injured worker complains of right knee pain. She rates the pain an 8/10. She states the right leg is more swollen and painful. The treatment plan is requesting approval for a refill prescription for Robaxin.

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), Antispasmodics Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle relaxants Page 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Robaxin <http://www.drugs.com/pro/robaxin.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Drugs with the most limited published evidence in terms of clinical effectiveness include Methocarbamol (Robaxin). FDA Prescribing Information document that Robaxin (Methocarbamol) is indicated for acute musculoskeletal conditions. The primary treating physician's progress report dated 2/17/15 documented the diagnoses of reflex sympathetic dystrophy lower limb and knee pain. Date of injury was 3/19/08. Medical records indicate the patient's occupational conditions are chronic. FDA Prescribing Information document that Robaxin (Methocarbamol) is indicated for acute musculoskeletal conditions. MTUS indicates that the muscle relaxant with the most limited published evidence in terms of clinical effectiveness include Methocarbamol (Robaxin). Medical records indicate the long-term use of Robaxin for chronic conditions. MTUS and FDA guidelines do not support the long-term use of Robaxin for chronic conditions. The request for Robaxin is not supported by MTUS guidelines. Therefore, the request for Robaxin is not medically necessary.