

Case Number:	CM15-0066115		
Date Assigned:	04/13/2015	Date of Injury:	11/15/2012
Decision Date:	05/15/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 43 year old female, who sustained an industrial injury on November 15, 2012. She has reported back pain and knee pain. Diagnoses have included lumbar disc herniations, lumbago, sprain of back, left knee meniscus tear, and chondromalacia patellae. Treatment to date has included medications, physical therapy, transcutaneous electrical nerve stimulation unit, bracing, left knee surgery, and imaging studies. A progress note dated March 23, 2015 indicates a chief complaint of lower back pain and left knee pain at 6/10. Physical examination of the lumbar spine revealed tenderness on palpation, limited range of motion and positive SLR. The treating physician documented a plan of care that included medications. Patient has received an unspecified number of PT visits for this injury. The patient had used TENS unit and back brace for this injury. The patient's surgical history include left knee surgery on 12/24/13. The medication list include Norco and Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
ANTISPASMODICS: Methocarbamol (Robaxin, Relaxin, generic available) Page(s): 64-65.

Decision rationale: Robaxin 750mg #60 with 1 refill. Robaxin contains methocarbamol which is a muscle relaxant. California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." California MTUS, Chronic pain medical treatment guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the guideline, "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." Clinical records demonstrating muscle spasm was not specified in the records provided. The date of injury for this patient is November 15, 2012. Any evidence of acute pain was not specified in the records provided at this time. The long term use of muscle relaxants is not supported by the CA MTUS chronic pain guidelines. Furthermore, as per guideline skeletal muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. The medical necessity of the request for Robaxin 750mg #60 with 1 refill is not fully established in this patient. Therefore this request is not medically necessary.