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| Case Number: | CM15-0075350 | | |
| Date Assigned: | 04/27/2015 | Date of Injury: | 01/28/1999 |
| Decision Date: | 05/28/2015 | UR Denial Date: | 04/09/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 66 year old male, who sustained an industrial injury on 1/28/1999. The mechanism of injury was not noted. The injured worker was diagnosed as having primary localized osteoarthritis, lower leg, lumbar spondylosis, cervical spondylosis without myelopathy, and shoulder bursitis. Treatment to date has included surgery (unspecified), physical therapy, trigger point injections, acupuncture, and medications. Currently, the injured worker complains of pain in his neck, upper back, lower back, shoulder, leg, and knee. His work status was permanent and stationary and he was not working. Pain was rated 5/10 with medication use and 10/10 without, on average. The duration of the medication effect was between 2-6 hours and side effects of medication were noted as dry mouth and other (not specified). Pain was improved by standing and walking. Average sleep at night was 2-6 hours. Current medications included Lidoderm patch, Robaxin (since at least 1/2014), Lyrica, Oxycodone, Ambien, and Cymbalta. His body mass index was 36.28%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750 mg, ninety count: 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 rationale: MTUS states regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP" and "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." The medical records do not indicate that Robaxin has been prescribed for a flare since the original injury in 1999. Medical documents also do not indicate what first-line options were attempted and the results of such treatments. Additionally, records do not indicate functional improvement with the use of this medication or other extenuating circumstances, which is necessary for medication usage in excess of guidelines recommendations. As such, the request for Robaxin 750mg, ninety count is not medically necessary.