

Case Number:	CM15-0078705		
Date Assigned:	04/29/2015	Date of Injury:	09/06/2011
Decision Date:	05/29/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	04/24/2015

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: New Jersey

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 52 year old female, who sustained an industrial injury on 09/06/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having venous embolism and thrombosis of unspecified deep vessels of the lower extremity, lumbago, constipation, unspecified essential hypertension, and esophageal reflux. Treatment to date has included inpatient rehabilitation stay, magnetic resonance imaging of the spine, physical therapy, occupational therapy, medication regimen, status post lumbar fusion surgery, status post surgery for post-operative infection, status post placement of an inferior vena cava (IVC) filter, and status post cervical discectomy with fusion. In a progress note dated 03/27/2015 the treating physician reports complaints of lower back pain with bilateral leg cramping. The treating physician requested the medication of Robaxin 500mg with a quantity of 120 with two refills, but the documentation provided did not indicate the specific reason for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #120, Refill x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was a reported complaint of ongoing lower back pain and leg cramping. She was then recommended Robaxin. There was no evidence to show that she was experiencing an acute flare of muscle spasm to warrant a short course of muscle relaxant. On the contrary, the request was for #120 and 2 refills, suggesting the intention to treat with this medication chronically, which is not recommended and medically unnecessary.