

Case Number:	CM15-0090632		
Date Assigned:	05/14/2015	Date of Injury:	01/09/2013
Decision Date:	06/18/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	05/11/2015

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: North Carolina
 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 44-year-old male, who sustained an industrial injury on 01/09/2013 when he fell. He was exiting a bathroom door that became stuck. He used his right shoulder to try and force the door open but the door would not budge. Then he used his left shoulder. The door suddenly gave way and he fell through the doorway and struck his left elbow. He became tangled in his crutch, landed on his back and hit his head on the floor. There was a brief loss of consciousness and his shoulder bruised. Treatment to date has included physical therapy, electrodiagnostic testing, MRIs, osteopathic manipulations and medications. According to a progress report dated 04/03/2015, the injured worker continued to complain of diffuse pain involving his neck, arms, low back and left leg. Pain was noted rated. Diagnoses included neck pain, cervical degenerative disc disease, low back pain, lumbar degenerative disc disease, lumbar spondylosis, mild retrolisthesis of L5 on S1, mild spinal stenosis at T11-T1, T12-L1 and L1-L2, history of left knee reconstructive surgery, chronic scarring of the medial and fibular collateral ligaments on the left knee, no evidence of upper or lower extremity radiculopathy, no neurological explanation of pain complaints per an agreed medical neurological evaluation and chronic pain syndrome. Treatment plan included continuation of Robaxin, Relafen and Gabapentin. The injured worker had reached permanent and stationary status. According to a previous progress report dated 02/02/2015, the injured worker rated his pain 8 on a scale of 1-10 with medications. His medication regimen at that time included Robaxin and Gabapentin. Currently under review is the request for Robaxin. Neither of the recent progress reports

submitted for review discussed the injured worker's functioning in regards to activities of daily living and the effects of his medications on his activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.