

Case Number:	CM15-0092372		
Date Assigned:	05/18/2015	Date of Injury:	03/24/1992
Decision Date:	06/23/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 71 year old male who sustained an industrial injury on 3/24/92. The injured worker was diagnosed as having lumbar spondylosis with osteoporosis, chronic lower back pain, and spinal stenosis with lumbar myelopathy. Currently, the injured worker was with complaints of back pain with radiation to the left lower extremity. Previous treatments included physical therapy, medication management, and activity modification. Previous diagnostic studies included a magnetic resonance imaging and radiographic studies. The injured workers pain level was noted as 8-9/10. Physical examination was notable for tenderness at L1 fracture area and LS1 junctions. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), p63 (2) Methocarbamol (Robaxin), p65.

Decision rationale: The claimant sustained a work-related injury in March 1992 and continues to be treated for chronic low back pain with intermittent lower extremity radiating pain. When seen, there had been a slight increase in pain after installing light fixtures. There was lumbar spine tenderness with positive straight leg raising. Robaxin was prescribed for low back pain. Robaxin is a muscle relaxant in the antispasmodic class. Although its mechanism of action is unknown, it appears to be related to central nervous system depressant effects with related sedative properties. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Its efficacy may diminish over time, and prolonged use may lead to dependence. Although used to decrease muscle spasm, these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. In this case, there had been an acute exacerbation of low back pain. This was an initial prescription without refills. It can therefore be considered as medically necessary.