

Case Number:	CM13-0059673		
Date Assigned:	01/22/2014	Date of Injury:	04/29/2009
Decision Date:	05/07/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/02/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54 year-old male who reported an injury on 04/29/2009 and the mechanism of injury was motor vehicle accident. The medical documentation provided for review included an official MRI report of the lumbar spine performed on 10/10/2013 by [REDACTED], and a medication request Norco by [REDACTED] on 10/25/2013. There were no other records submitted for review for the patient's current complaints. The current request is for retro review medication DOS: 10/28/2013 Robaxin 750mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REVIEW MEDICATION DOS: 10/28/13 ROBAXIN 750MG #60:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Muscle relaxants (for pain) Page(s): 63-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Robaxin Page(s): 64.

Decision rationale: The California MTUS guidelines indicate that Robaxin is an antispasmodic used in low back pain to decrease muscle spasms, although it is sometimes used whether a spasm is present or not. The medical documentation reviewed failed to indicate why the patient would

require Robaxin 750 mg and failed to provide objective evidence of efficacy. The request also fails to indicate the frequency of medication that the injured worker would require. Therefore, with the lack of documentation the request for retrospective review medication DOS: 10/28/2013 Robaxin 750mg #60 is not medically necessary.