

Case Number:	CM14-0125028		
Date Assigned:	08/11/2014	Date of Injury:	08/16/2007
Decision Date:	09/15/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/07/2014

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 Nevada. 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 records presented for review indicate that this 52-year-old female was reportedly injured on August 16, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 24, 2014, indicates that there are ongoing complaints of low back pain and left hip pain. Current medications include fentanyl patches, oxycodone, and Robaxin. The physical examination demonstrated improved lumbar spine range of motion and a normal gait. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a hip injection. A request had been made for Methocarbamol and was not certified in the pre-authorization process on July 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methocarbamol 750 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

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

Decision rationale: Robaxin is a muscle relaxant intended as a second line option for short-term treatment of acute exacerbations of chronic low back pain. According to the progress notes in the

medical record, that has been no report of any acute exacerbations of low back pain or any spasms noted on physical examination. Considering this, the request for Robaxin is not medically necessary.