

<b>Case Number:</b>	CM14-0051712		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	07/17/1995
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/18/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 17, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy, adjuvant medications; earlier lumbar fusion surgery; and muscle relaxants. In a Utilization Review Report, not clearly dated, the claims administrator failed to approve a request for Robaxin. The applicant's attorney subsequently appealed. In an April 17, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the left leg. The applicant was apparently using Norco, Salonpas, Lidoderm, Zocor, Norco, and tizanidine, it was acknowledged. The attending provider stated that he was appealing a previous denial of Robaxin. The attending provider complained a previous request for Soma and tizanidine are also being denied. The applicant was no longer working, and had retired, it was suggested. The applicant was still smoking a half a pack of cigarettes a day. A psychological consultation was also sought. The attending provider stated that he is also appealing previous denials of carisoprodol and Lidoderm patches. In an earlier note dated November 20, 2013, the attending provider furnished the applicant with a prescription for Soma 350 mg, #60; it was stated in one section of report. While in another section of the report stated that the applicant is being given a prescription for Soma 350 mg, #20. It was then stated that the applicant was also using tizanidine on a p.r.n. basis for muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500 mg Qty 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63, 7.

**Decision rationale:** While page 63 in the MTUS Chronic Pain Medical Treatment Guidelines does support provision of muscle relaxants such as Robaxin on a short term basis to treatment acute exacerbations of chronic low back pain, this recommendation is qualified by commentary made on page 7 in the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of the applicant specific variable, such as "other medications" into his choice of recommendations. In this case, however, the attending provider has not stated why he is (or has) furnished the applicant with prescriptions for several different muscle relaxants, namely Soma, Zanaflex, and Robaxin, all on or around the same time. The attending provider's provision of three separate muscle relaxants in effect results in chronic, long-term and scheduled usage of this particular class of medications, which runs counter to MTUS parameters and principals. Therefore, the request is not medically necessary.