

<b>Case Number:</b>	CM14-0055053		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/11/2005
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 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 47-year-old male who reported an injury on 07/11/2005. The mechanism of injury was not provided. The diagnoses included, history of lumbar fusion with a retained hardware, chronic lumbar pain with radiculopathy, history of constipation. Previous treatments included medication and surgery. Within the clinical note dated 03/27/2014, it was reported the injured worker complained of lower back pain and lower extremity symptoms. Upon the physical examination the provider noted tenderness of the lumbar spine with decreased range of motion of the lumbar spine. The provider requested Robaxin. However, a rationale was not provided for clinical review. The Request for Authorization form was submitted and dated on 03/21/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 720mg, #30 for the low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

**Decision rationale:** The request for Robaxin 720mg, #30 for the low back is non-certified. The injured worker complained of lower back pain and lower extremity symptoms. The California

MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The injured worker has been utilizing the medication since at least 07/2013, which exceeds the guidelines recommendation of short term use for 2 to 3 weeks. Therefore, the request is non-certified.