

<b>Case Number:</b>	CM14-0056370		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/27/2002
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 66 year-old with a date of injury of 02/27/02. A progress report associated with the request for services, dated 04/02/14, noted that his prior back pain had resolved. It stated that he was fully functional. Objective findings included no tenderness to palpation of the lumbar spine. A physical therapy note on the same date indicated it was session number 6. Some back soreness was noted. The patient was pending another 6 session over 2 weeks. Diagnoses included lumbar disc disease and lumbar pain currently in remission. Treatment had included cyclobenzaprine and physical therapy. A Utilization Review determination was rendered on 04/14/14 recommending non-certification of "6 Physical therapy visits and Robaxin 750mg".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-lumbar and thoracic (acute and chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** Robaxin (methocarbamol) is an antispasmodic muscle relaxant whose mechanism of action is unknown. The Medical Treatment Utilization Schedule (MTUS) states that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. They note that in most low-back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination of NSAIDs. Likewise, the efficacy diminishes over time. The record does not show any indications for methocarbamol beyond a short course nor functional improvement related to past muscle relaxant therapy. Therefore, in this case, the medical record does not document the medical necessity for Robaxin.

**Six (6) Physical therapy visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

**Decision rationale:** The Chronic Pain section of the Medical Treatment Utilization Schedule (MTUS) recommends physical therapy with fading of treatment frequency associated with "... active therapies at home as an extension of the treatment process in order to maintain improvement levels." Specifically, for myalgia and myositis, 9-10 visits over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks. The Official Disability Guidelines (ODG) states that for lumbar sprains/strains and disc disease, 10 visits over 8 weeks is recommended. For lumbar radiculopathy, 10-12 visits over 8 weeks. The patient has received 6 sessions of physical therapy. The record indicates that he was fully functional at that point. Therefore, there was no medical necessity for 6 sessions of ongoing physical therapy.