

Case Number:	CM14-0098486		
Date Assigned:	07/28/2014	Date of Injury:	01/28/2014
Decision Date:	08/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/26/2014

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 Family Practice, 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 claimant is a 53 year. Old female claimant sustained a work injury on 1/28/14 involving the knees and back. She was diagnosed with bilateral knee strains and back strain. She had undergone physical therapy and used muscle relaxants such as Flexeril for several months. In addition, she had used topical analgesics. A progress note on 5/29/14 indicated the claimant had paralumbar spasms and stiffness in the back. The treating physician prescribed Robaxin 750 mg daily for a month and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750MG #30: 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.

Decision rationale: Robaxin is a muscle relaxant. According to the MTUS guidelines, Robaxin is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in

patients with chronic LBP. Treatment should be brief. In this case, the claimant had been non-muscle relaxants previously. In addition, continuation of other muscle relaxants, Robaxin, for another 30 days is for a greater duration than recommended by the guidelines and is not medically necessary.