

<b>Case Number:</b>	CM15-0147427		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 51 year old female, who sustained an industrial injury on January 14, 2011. She reported injury to her low back, hip, left shoulder, neck and head. The injured worker was currently diagnosed as having radiculopathy thoracic or lumbosacral, chronic failed back surgery syndrome lumbar, lumbar degenerative disc disease, COAT and chronic pain due to trauma. Treatment to date has included diagnostic studies, injections, heat, ice application and medications. On June 22, 2015, the injured worker complained of moderate to severe back pain with radiation. She denied any pain relieving factors. She reported only temporary relief from her latest facet joint injections. She reported that the injections brought her pain down by about 30% for one week and then the pain shot back up. Notes stated that medications help with her activities of daily living and improve her quality of life. The treatment plan included heat, ice application and medications. On July 7, 2015, Utilization Review non-certified the request for Robaxin 750mg #60, citing California MTUS Guidelines. A request for Nucynta ER 150 mg #60 was modified to Nucynta ER 150 mg #30, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750mg, #60:** Upheld

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

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

**Decision rationale:** The requested Robaxin 750mg, #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has moderate to severe back pain with radiation. She denied any pain relieving factors. She reported only temporary relief from her latest facet joint injections. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Robaxin 750mg, #60 is not medically necessary.