

<b>Case Number:</b>	CM15-0147475		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	02/16/2004
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/22/2015
<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 46-year-old female who sustained an industrial injury on 2-16-04. Her initial symptoms and the nature of the injury are unavailable for review. There is documentation that she received physical therapy in March 2015. The March 2015 progress note indicates that the combination of medications and physical therapy has "helped in reducing her symptoms by 50% to 60%". Her medications at that time included Norco, Robaxin, and Relafen. The injured worker presented to the provider's office on 5-4-15 with continued pain. She reported that she was "supposed to get her medication filled, but since the orator was not there, she did not get the medications". She denied any other issues at that time. The record indicates that she has only been using Tylenol for pain control. She was noted to have "tightness in the back" on exam. The treatment plan was to provide her with Norco, Relafen, and Robaxin. She was advised that if the insurance carrier does not authorize the ordered medications, she is to continue taking over-the-counter medications. If they are authorized, start taking the prescription medications. She was also encouraged to "start to do home stretches diligently", since her symptoms are "chronic in nature". In June 2015, she reported that her medications were authorized and she was "feeling much better". She also reported that she continued to "do her stretches diligently". There was no change in treatment plan at that time. On her July 2015 visit, the injured worker reported that the combination of exercise and medication was "making her to feel better". She continues to take Norco, Relafen, and Robaxin. She continued to complain of "tightness in the back", per the documentation. The treatment plan was to continue home exercises, refill medications, and return to the clinic in 4-5 weeks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500mg #30:** Upheld

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

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

**Decision rationale:** The requested Robaxin 500mg #30, 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 chronic back pain and tightness to the back on exam. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Robaxin 500mg #30 is not medically necessary.