MAXIMUS Federal Services

Case Number:	CM15-0168261		
Date Assigned:	09/08/2015	Date of Injury:	09/04/2014
Decision Date:	10/14/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/26/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic neck and low back pain (LBP) reportedly associated with an industrial injury of September 4, 2014. In a Utilization Review report dated August 18, 2015, the claims administrator referenced a July 30, 2015 order form in its determination. The applicant's attorney subsequently appealed. On August 18, 2015, the attending provider acknowledged that the applicant was off of work. 4-5/10 knee pain complaints were reported. The applicant was on Robaxin and Relafen, it was reported. The applicant had undergone an earlier knee arthroscopy procedure. The applicant was using a cane to move about. The applicant was off of work, on total temporary disability. In a progress note dated August 21, 2015, the applicant was again placed off of work, on total temporary disability, while physical therapy was continued. The applicant's medications included Robaxin, Zestril, Relafen, Celebrex, Percocet, Colace, senna, MiraLax, Phenergan, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750 mg, thirty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Muscle relaxants (for pain).

Decision rationale: No, the request for Robaxin, a muscle relaxant, is not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants are recommended with caution as a second-line options for short-term treatment of acute exacerbations of chronic low back pain, here, however, the 30-tablet, 2-refill supply of methocarbamol (Robaxin) at issue represents chronic, long-term, and/or daily usage of the same, i.e., usage in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider's August 24, 2015 progress note failed to furnish a clear or compelling rationale for concomitant usage of 2 separate muscle relaxants, Robaxin (methocarbamol), and Flexeril (cyclobenzaprine). Therefore, the request is not medically necessary.