MAXIMUS Federal Services

Case Number:	CM15-0206224		
Date Assigned:	10/23/2015	Date of Injury:	01/09/2009
Decision Date:	12/10/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/20/2015

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 low back pain (LBP) reportedly associated with an industrial injury of January 9, 2009. In a Utilization Review report dated October 9, 2015, the claims administrator failed to approve a request for Robaxin (methocarbamol). The claims administrator referenced a September 30, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 1, 2015, the applicant reported ongoing complaints of low back pain, seemingly heightened since the preceding visit, the applicant was using Lyrica, tramadol, Robaxin, Cymbalta, and Desyrel, it was reported. In another section of the note, it was stated that Robaxin did not work as well as previously prescribed Soma. An increased dose of Lyrica was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin (Methocarbamol tabs) 750mg #60 x 3: Upheld

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

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

Decision rationale: No, the request for Robaxin, a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain, here, however, the 60-tablet, three-refill supply of Robaxin at issue implied chronic, long-term, and/or twice 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. Therefore, the request was not medically necessary.