

<b>Case Number:</b>	CM15-0041004		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	06/08/2000
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: Physical Medicine & Rehabilitation

### 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 44-year-old male, who sustained an industrial injury on 6/8/2000. The injured worker has complaints of throbbing intractable pain in his back radiating into his right leg. He reports 50% reduction in his pain and 50% functional improvement with activities of daily living with the medications versus not taking them. The documentation noted that the injured workers were under a narcotic contract with the office and that his urine drug screens have been appropriate. The documentation on 1/27/15 noted that he was scheduled for a left shoulder surgery for 1/28/15 for nonindustrial impingement syndrome in his shoulder. The diagnoses have included lumbar radiculopathy and lumbar sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750mg #45:** 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 patient presents with back pain radiating to the right leg. The physician is requesting ROBAXIN 750 MG QUANTITY 45. The RFA from 01/30/2015 shows a request for Robaxin 750 mg quantity 45. The patient's date of injury is from 06/08/2000 and his current work status was not made available. The MTUS Guidelines page 63 on muscle relaxants for pain states that it recommends non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation with patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension. The MTUS guidelines support the usage of Robaxin for a short course of therapy, not longer than 2-3 weeks. The records show that the patient was prescribed Robaxin on 09/04/2014. The 01/27/2015 report notes that the patient's pain level without medication is 10/10 and 4/10 with medication use. He reports 50% reduction in pain and 50% functional improvement with activities of daily living with medication use. In this case, while the patient reports benefit with the use of his current medication regimen, the long-term use of muscle relaxants is not supported by the MTUS guidelines. The request is not medically necessary.

**Mobic 15mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications for chronic pain NSAIDs for chronic low back pain Page(s): 22, 60, 67-68.

**Decision rationale:** The patient presents with back pain radiating to the right leg. The physician is requesting MOBIC 15 MG QUANTITY 30. The RFA from 01/30/2015 shows a request for Mobic 15 mg #30. The patient's date of injury is from 06/08/2000 and his current work status was not made available. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Furthermore, MTUS page 68 on NSAIDs for chronic low back pain states, "recommended as an option for short term symptomatic relief. Cochrane review of the literature on drug relief for low back pain -LBP- suggested that NSAIDs are no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants."The records show that the patient was prescribed Mobic on 12/01/2014. The 01/27/2015 progress report notes that the patient reports constant throbbing, intractable pain in his back radiating into his right leg. He uses a cane for ambulation. The patient states that his pain level without medication use is 10/10 and 4/10 with medication. He reports 50% reduction in his pain and 50% functional improvement with activities of daily living with the medications versus not taking them at all. In this case, the physician has noted medication efficacy and the continued use of Mobic is warranted. The request is medically necessary.

