

Case Number:	CM15-0049120		
Date Assigned:	03/23/2015	Date of Injury:	03/19/2008
Decision Date:	05/05/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/16/2015

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 54-year-old who has filed a claim for chronic low back pain, limb pain, knee pain, and complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of March 19, 2008. In a Utilization Review report dated March 9, 2015, the claims administrator failed to approve a request for Robaxin. An office visit of March 2, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated September 16, 2014, the applicant was reportedly using Neurontin, Lidoderm, Flexeril, tramadol, Tylenol, and Darvocet, it was acknowledged. The applicant was severely obese, with a BMI of 37, it was acknowledged. Lodine, Skelaxin, Flexeril, Neurontin, and a knee brace were endorsed in one section of the note. In another section of the note, the attending provider stated that he was intent on employing Robaxin on a trial basis. Permanent work restrictions were endorsed, although the treating provider acknowledged that the applicant was not working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #30, prescribed on 2/17/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Functional Restoration Approach to Chronic Pain Management Page(s): 63; 7.

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 acknowledge that muscle relaxants such as Robaxin are recommended for short-term use purposes, to combat acute exacerbations of chronic low back pain, in this case, however, it appeared that the attending provider was intent on employing Robaxin for chronic, long-term, and/or daily use purposes. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variables such as other medications into his choice of recommendations. Here, however, the attending provider did not furnish a clear or compelling rationale for concurrent usage of two separate muscle relaxants, Skelaxin and Robaxin. Therefore, the request was not medically necessary.