

Case Number:	CM15-0051594		
Date Assigned:	03/25/2015	Date of Injury:	07/03/2012
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/18/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 29 year old male sustained an industrial injury to the right ankle on 7/3/12. Previous treatment included x-rays, magnetic resonance imaging, physical therapy, surgical reconstruction of the lateral side of the right ankle, ice, activity modification, and medications. In a PR-2 dated 2/26/15, the injured worker reported being interested in increasing his work to three times a week as opposed to two. Physical exam was remarkable for right ankle with a well-healing incision and excellent range of motion without a lot of swelling or pain. Current diagnoses included right ankle sprain/strain, chronic right ankle instability, and right ankle arthralgia. The treatment plan included increasing work to three times a week and a refill of Robaxin. On 3/13/2015, Utilization Review modified the request for Robaxin 750 mg #35 with 2 refills based on the CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750 MG #35 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Per the CA MTUS, muscle relaxants for pain, such as Robaxin, are recommended with caution only as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain (LBP). Most cases of LBP showed no benefit of muscle relaxants beyond the typical non-steroidal anti-inflammatory drugs available. Based on the available medical records for the injured worker (IW), there is sparse documentation LBP and first-line treatments for LBP, no documentation concerning muscle spasm, no documentation of decreased pain scores, and no objective functional improvement. Therefore, based on the MTUS guidelines, the request for Robaxin 750 mg #35 with 2 refills is not medically necessary.