

Case Number:	CM15-0058329		
Date Assigned:	04/03/2015	Date of Injury:	07/25/2008
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/27/2015

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 46-year-old who has filed a claim for chronic low back pain and hip pain reportedly associated with an industrial injury of July 25, 2008. In a Utilization Review report dated March 2, 2015, the claims administrator failed to approve a request for Robaxin (methocarbamol). The claims administrator did, however, approved variety of other agents, including Cymbalta, Lidoderm patches, Neurontin, Norco, and tramadol. A January 7, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. On February 12, 2015, Ultram, Norco, Robaxin, Neurontin, and Cymbalta were renewed. The applicant had ongoing complaints of low back and hip pain, it was acknowledged. The applicant was status post a hip replacement. The applicant did have comorbid diabetes and hypertension. The applicant was asked to try to lose weight.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 500mg #30: Upheld

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

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

Decision rationale: No, the request for Robaxin (methocarbamol), 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 muscles relaxants such as Robaxin (methocarbamol) are recommended with caution and short-term options to treat acute exacerbations of chronic low back pain, in this case, however, the request in question represented a request to renew or extend Robaxin. The 30-tablet supply of Robaxin at issue represents chronic, long-term, and daily usage of the same, i.e., usage that is incompatible with the short-term role for which muscle relaxants are recommended, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.