

Case Number:	CM15-0085575		
Date Assigned:	05/07/2015	Date of Injury:	09/20/2010
Decision Date:	06/18/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/04/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a 52 year old male with an industrial injury dated 09/20/2010. The mechanism of injury is documented as a fall resulting in injury to his back, neck and head. His diagnoses included cervical spine surgery, thoracic spine disc bulge, lumbar spine disc bulge, right shoulder strain and left shoulder strain. He has a medical history of diabetes and hypertension. Prior treatments included diagnostics, cervical fusion, urological evaluation and medications. Progress note dated 03/05/2015 states Norco 5/325 helping. There are no detailed subjective or objective findings. Treatment plan consists of Norco 3/325 and Robaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #60: Upheld

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

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

Decision rationale: Guidelines recommend Robaxin with caution as a second line option for short-term treatment of acute exacerbations of chronic low back pain. In this case, the patient has been on Robaxin long term and weaning is recommended according to guidelines. The request for Robaxin 750 mg #60 is not medically necessary and appropriate.