

<b>Case Number:</b>	CM15-0114124		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	06/12/2008
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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, Pain Management

### 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 57 year old woman sustained an industrial injury on 6/12/2008. The mechanism of injury is not detailed. Evaluations include left hip MRIs dated 2/7/2013 and 4/17/2009, left hip arthrogram dated 5/26/2011, lumbar spine x-rays dated 3/9/2011, left hip arthrogram dated 9/2/2010. Diagnoses include hip pain and lumbar spine degenerative disc disease. Treatment has included oral medications and surgical intervention. Physician notes dated 5/19/2015 show complaints of low back pain. The worker rates her pain 9/10 without medications and 2.5/10 with medications. Recommendations include additional physical therapy, continue daily exercise, TENS unit, H-wave therapy, Norco, Cymbalta, Robaxin, continue other medications, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500mg #30 with 2 refills:** 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): 63-66.

**Decision rationale:** Regarding the request for methocarbamol (Robaxin), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, the patient has para-vertebral muscle spasm on physical exam, and there is documentation of reduction of pain from 8/10 to 2/10 with current medication regimen. However, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the currently requested methocarbamol (Robaxin) is not medically necessary.