

<b>Case Number:</b>	CM15-0118779		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	10/12/2000
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	06/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: 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 injured worker is a 50-year-old male who sustained an industrial injury on 10/12/2000 from a high level fall with multiple fractures. The injured worker is status post left hip and comminuted left ankle fracture repair, multiple left lower extremity surgical interventions and left below the knee amputation (no dates documented). Current diagnosis is left leg phantom pain and status post traumatic injury. Current treatment to date has included left knee magnetic resonance imaging (MRI) in February 2015 and medications. According to the primary treating physician's progress report on May 12, 2015, the injured worker continues to experience spasm in his left calf and lower back. The phantom pain has improved with medications. The injured worker rates his pain level at 0-1/10 with medications and 6-7/10 without medications. The injured worker also reports a chronic callous on the 5th digit of the right foot. Examination demonstrated a slight valgus gait on the left side with swelling noted over the lateral interphalangeal joint of the right 5th digit. Current medications are listed as Mobic, Gabapentin, Cymbalta, Robaxin and Pamelor. Treatment plan consists of continuing with current medication regimen, urine drug screening, podiatrist consultation and the current request for Robaxin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750 mg Qty 90, take every 8 hrs as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 122.

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

**Decision rationale:** The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. The medical records supplied for review state that the patient has been taking Robaxin at least as far back as four months with minimal documented objective functional improvement. Therefore, the request for Robaxin 750 mg qty 90 is not medically necessary.