

<b>Case Number:</b>	CM15-0119604		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	11/18/2008
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/27/2015
<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: 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 18, 2008. In a Utilization Review report dated May 27, 2015, the claims administrator failed to approve a request for Robaxin. The claims administrator referenced an April 24, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said April 24, 2015 progress note, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar spine surgery. The applicant's medication list included Motrin, Prevacid, Exalgo, Amitiza, and Robaxin, several of which were renewed and/or continued. The applicant's work status was not detailed. It was suggested that the applicant pursue an intrathecal pain pump.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 500mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63, 65.

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

**Decision rationale:** No, the request for Robaxin, 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 muscle relaxants such as Robaxin do represent a second-line option to combat acute exacerbations or chronic low back pain, here, however, the 60-tablet, two-refill supply of Robaxin at issue suggests chronic, long-term, and/or scheduled use of the same, i.e., usage which runs counter to the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.