

Case Number:	CM15-0127660		
Date Assigned:	07/14/2015	Date of Injury:	05/14/2011
Decision Date:	08/25/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/01/2015

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], Incorporated beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 14, 2011. In a Utilization Review report dated June 17, 2015, the claims administrator approved requests for Colace, lactulose, Cymbalta, and Percocet while denying a request for Robaxin. The claims administrator referenced a May 13, 2015 office visit in its determination. On an RFA form dated June 10, 2015, Robaxin, Colace, lactulose, Percocet, and Cymbalta were all endorsed. In an associated progress note dated July 7, 2015, the applicant reported ongoing complaints of low back pain. The applicant had completed four sessions of psychological counseling without profit, it was reported. The applicant was still smoking, it was noted. The applicant's work status was unchanged. Multiple medications, including Robaxin, were endorsed. The applicant's work status was not clearly reported, although it did not appear that the applicant was working. On June 11, 2015, the applicant was again given multiple refills, including a prescription for 60 tablets of Robaxin. Once again, the applicant's work status was not clearly reported, although it did not appear that the applicant was working. On May 13, 2015, the applicant again presented with ongoing complaints of low back pain. Multiple medications were refilled, including 60 tablets of Robaxin, Cymbalta, Percocet, lactulose, and Colace. The applicant was asked to try and cease smoking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 5/13/15) Robaxin 750mg #60 (Dispensed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

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, is not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend muscle relaxants such as Robaxin with caution as second-line options to combat acute exacerbations of chronic low back pain, here, however, the 60-tablet supply of Robaxin at issue suggests chronic, long-term, and/or twice daily usage of the same, i.e., usage in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider failed to furnish a clear or compelling rationale for protracted usage of Robaxin, a muscle relaxant, in the face of the unfavorable MTUS position on the same. Therefore, the request is not medically necessary.