

<b>Case Number:</b>	CM15-0129542		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	02/01/1989
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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 75 year old male, who sustained an industrial injury on 2/1/1989. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar failed back syndrome, general osteoarthritis with multiple sites and fibromyalgia. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 5/29/2015, the injured worker was being treated for multifocal musculoskeletal pain syndrome. The injured worker presented for refilling and reprogramming the intrathecal pain pump. Physical examination was documented as normal. The treating physician is requesting Robaxin 750 mg, #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 750mg, #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 62-65.

**Decision rationale:** MTUS Guidelines are very specific in addressing the long term use of this class of muscle relaxants. The Guidelines do not recommend long term daily use. After a few weeks of initial use, additional use is limited to short term use of distinct flare-ups. This is prescribed for long term daily use and there are no unusual circumstances to justify an exception to Guidelines. The Robaxin 750mg #90 is not supported by Guidelines and is not medically necessary.