MAXIMUS Federal Services

Case Number:	CM15-0036120		
Date Assigned:	03/17/2015	Date of Injury:	10/22/1991
Decision Date:	06/02/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/25/2015

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 76-year-old who has filed a claim for chronic neck pain and headaches reportedly associated with an industrial injury of October 22, 1991. In a Utilization Review report dated February 9, 2015, the claims administrator partially approved a request for Robaxin. A January 16, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On January 16, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was asked to discontinue Tylenol No. 3 and employ Robaxin in conjunction with Norco. Ancillary complaints of low back and wrist pain were also reported. It was reported that the applicant was status post carpal tunnel release surgery and had shoulder arthroscopy. Acupuncture and chiropractic manipulative therapy were also endorsed. The applicant was no longer working, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg, #120: 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 (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 recommend muscle relaxants such as Robaxin "with caution" as second line options and short-term treatment of acute exacerbations of chronic low back pain, here, however, the 120-tablet supply of Robaxin at issue represents treatment well in excess of MTUS parameters. The attending provider failed to furnish a clear or compelling rationale for the long-term usage of muscle relaxants in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.