

Case Number:	CM15-0062215		
Date Assigned:	04/08/2015	Date of Injury:	05/17/2011
Decision Date:	05/12/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/01/2015

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, Illinois

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 47 year old male who sustained an industrial injury on 5/17/11. The injured worker reported symptoms in the back and right knee. The injured worker was diagnosed as having lumbar spine disc disease and right knee sprain. Treatments to date have included oral pain medication, activity modification and muscle relaxants. Currently, the injured worker complains of pain in the lower back and right knee. The plan of care was for medication prescriptions and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Robaxin 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-65.

Decision rationale: The injured worker sustained a work related injury on 5/17/11. The medical records provided indicate the diagnosis of lumbar spine disc disease and right knee sprain.

Treatments to date have included oral pain medication, activity modification and muscle relaxants. The medical records provided for review do not indicate a medical necessity for Robaxin 750mg #60. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain. Methocarbamol (Robaxin) is taken as 1500 mg four times a day for the first 2-3 days, then decreased to 750 mg four times a day.