

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/18/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/24/2013
Date of Injury:	9/17/2010
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0008872

- 1) MAXIMUS Federal Services, Inc. has determined the request for Robaxin 750 MG #30 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/8/2013 disputing the Utilization Review Denial dated 7/24/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/9/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Robaxin 750 MG #30 **is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 treatments and/or services at issue.

### **Expert Reviewer Case Summary:**

This is a male patient suffered an injury in September 17, 2010. The injury involved a collision between two heavy equipment vehicles. The injury resulted and chronic cervical, thoracic and lumbar spine pain. A recent report on July 12, 2013 had noted that the patient has ongoing pain and was treated with Celebrex for anti-inflammatory, Lidoderm patch for pain, Robaxin for muscle spasms along with tramadol for pain as well. The same medications were prescribed in October 2012 as stated in a primary treating physician's progress note. There's also a notation that the use of Robaxin goes back to August 2012.

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

### **1) Regarding the request for Robaxin 750 MG #30 :**

#### Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain, pg. 22, Antinflammatory Medications, pgs. 111-112, Topical Analgesics, pg. 113, Tramadol, pg. 62, Muscle Relaxants, which are part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Muscle Relaxants and Methocarbamol, pgs. 64-65, which is part of the MTUS.

Rationale for the Decision:

Robaxin is included in a broad range of muscle relaxant medications. It is a second line option for short-term treatment of acute exacerbation of pain of the low back. Robaxin is also amongst a list of medications that has limited published evidence for clinical effectiveness. As noted in the Chronic Pain Medical Treatment Guidelines it's efficacy diminishes overtime. In this case the employee has been using the medication for over a year. **The request for Robaxin 750 mg #30 is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.