

<b>Case Number:</b>	CM13-0014897		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/22/2012
<b>Decision Date:</b>	04/18/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 52-year-old male who reported an injury on 10/22/2012. The mechanism of injury involved repetitive work activity. The patient is currently diagnosed with cervical fusion, thoracic fusion, lumbar facet arthropathy/spondylosis, lumbar disc herniation, and bilateral sacroiliitis. The patient was seen by [REDACTED] on 12/23/2013. The patient reported 7/10 pain. Current medications included Vicodin and Robaxin. The patient was also participating in physical therapy. Physical examination revealed diminished range of motion, 2+ deep tendon reflexes, positive anterior SI joint loading, positive facet loading maneuver, positive FABER and Gaenslen's testing, and diminished strength. Treatment recommendations included continuation of current medication.

### 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 Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating secondline options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report 7/10 pain. There was also no evidence of palpable muscle spasm or spasticity upon physical examination. Based on the clinical information received, the request is non-certified.