

<b>Case Number:</b>	CM13-0052375		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/03/2004
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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 53-year-old male who reported an injury on 07/03/2004 after he moved a 350 pound manhole cover, which reportedly caused injury to his neck, low back, bilateral legs, right arm and wrist. Patient's chronic pain was managed with multiple medications to include morphine sulfate, Norco, gabapentin, and Robaxin. The patient was monitored for medication compliance by urine drug screens. The patient's most recent clinical examination findings noted that the patient had increased pain levels rated at a 10/10 without medications that were not reduced with medication usage. It was also noted that the patient had complaints of increased bilateral lower extremity pain and spasming. Physical findings included lumbar myofascial tenderness and paraspinal musculature spasming noted with palpation and decreased range of motion of the lumbar and cervical spine secondary to pain with decreased motor strength in the bilateral lower extremities and decreased sensation in the L5-S1 dermatomes. The patient's diagnoses included lumbar radiculopathy, status post lumbar fusion, cervical radiculopathy, status post cervical fusion, chronic pain, and a failed spinal cord stimulator trial. The patient's treatment plan included an epidural steroid injection at the bilateral L5-S1, continued medication and initiation of MS-Contin 15 mg 3 times a day for breakthrough pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Robaxin 7.50mg every 8 hours #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The requested Robaxin 750 mg every 8 hours #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants for extended duration of treatment. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended period of time. Additionally, the patient's most recent clinical evaluation does not support the efficacy of this medication as the patient has 10/10 pain with medications and 10/10 pain without medications. Additionally, it is noted that the patient has had an increase in tenderness and muscle spasming. Therefore, the efficacy of this medication is not established. As such, the requested Robaxin 750 mg every 8 hours #90 is not medically necessary or appropriate.