

<b>Case Number:</b>	CM13-0056487		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/16/2001
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Occupational Medicine 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 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 41 year old female who was injured on 03/16/2001. Prior treatment history has included Norco, Flexeril, Voltaren gel, Ibuprofen, and Topamax, Pristiq and Have. A report dated 11/25/2013 indicated the patient's pain level has increased since the last visit. The patient reports severe itching. She reports she is unsure whether this is related to RSD or new muscle relaxant Robaxin. Objective findings on exam revealed the patient has a global antalgic gait and is assisted by a powered cart. Her right wrist is tender to palpation over the radial side and ulnar side. She has allodynia on the left over the ventral aspect of the wrist. Left hand range of motion is restricted in left 1st digit in all planes. Alloodynia is noted over proximal interphalangeal joint of thumb, distal interphalangeal joint of thumb, hypothenar eminence, metacarpophalangeal joint of the thumb. The neurologic examination revealed on higher functions. She is conscious. She is alert and oriented times 4 without evidence of somnolence; motor testing is limited by pain; motor strength of EHL is 5/5 on both sides, knee flexors are 5/5 bilaterally, hip flexors are 5/5 bilaterally. On sensory examination, light touch sensation is decreased over lateral foot on the left side; dysaesthesias are present over medial hand, lateral hand and C6, C7, C8 distribution on the left side; Straight leg raise test is positive on the left side; Wadell's signs are negative. There is no evidence of edema. The patient is given a trial of Robaxin 500 mg as needed for muscle spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ROBAXIN 500MG, #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): 63.

**Decision rationale:** This is a request for Robaxin for chronic pain. Muscle relaxants are recommended as a second-line option for short-term treatment of acute exacerbations of low back pain. However, this patient has been taking Flexeril on a chronic basis (without functional benefit) for chronic pain, which is not recommended. Further, acute exacerbation is not clearly established in this case. Also, muscle relaxants show no additional benefit beyond nonsteroidal anti-inflammatory drugs (NSAIDs) alone or in combination with NSAIDs. Their effect appears to diminish with time, and there is risk of dependence. Therefore, the requested Robaxin is not medically necessary or appropriate.