

<b>Case Number:</b>	CM13-0068433		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	07/09/2007
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 41-year-old male with a date of injury 07/09/2007. Per treating physician report 11/22/2013, presenting complaint is chronic low back pain with listed diagnoses of: 1. Status post L4-L5 fusion and pedicle screws. 2. Failed back syndrome. 3. Dental problems. Final Determination Letter for IMR Case Number [REDACTED]. Status post closed-head injury. 5. Cervical pain. Under treatment, renewed medications are Norco, Lyrica, Cymbalta, omeprazole, Robaxin 750 #30 once a day, Celebrex 200 mg once a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**METHOCARBAMAL (ROBAXIN) 750MG, 1 DAILY, #30/20 DAY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** MTUS Guidelines under muscle relaxants recommend short term use only for chronic pain. It is indicated for 2 to 3 days and no more than 2 to 3 weeks. The guidelines recommend 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. In this case, the treating physician has been prescribing Robaxin on a monthly basis for long term without discussion regarding short term use. None of the reports reviewed indicate how Robaxin is actually used and what effectiveness. Given MTUS Guidelines, recommendations for only short term use of muscle relaxants, recommendation is for denial.